

Surname
Firstname
Address:
Healthcare record no:

Our Lady's Children's Hospital, Crumlin, Dublin 12

Intra Cardiac Catheterisation/Radiology Nursing Record

Date _____ Time in CCL _____ Elective/Emergency procedure _____ Time out of CCL _____	Scrub nurse Circulating nurse Instrument nurse Anaesthetic nurse Consultant Anaesthetist Operating anaesthetist Consultant Cardiologist
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<u>Skin preparation</u>	<u>Infant Child position</u>	<u>Positional aids</u>
Chlorohexidine/alcohol solution <input type="checkbox"/>	Prone <input type="checkbox"/> Dorsal <input type="checkbox"/>	Jelly mattress <input type="checkbox"/>
Chlorohexidine/aqueous solution <input type="checkbox"/>	Lateral R <input type="checkbox"/> L <input type="checkbox"/>	Gel pad <input type="checkbox"/>
Bethadine antiseptic <input type="checkbox"/>	Supine <input type="checkbox"/>	Heel pads <input type="checkbox"/>
Bethadine with alcohol <input type="checkbox"/>	⇒ With T.O.E probe <input type="checkbox"/>	Gamgee <input type="checkbox"/>
	⇒ With arms up no pressure <input type="checkbox"/>	Head ring <input type="checkbox"/>
	On brachial nerve <input type="checkbox"/>	Arm board <input type="checkbox"/>
	⇒ With arms by side <input type="checkbox"/>	Elbow skis <input type="checkbox"/>
Abbreviations: LMA- Laryngeal Mask Airway, ETT-Endotracheal Tube, CCL-Cardiac Catheterisation Lab, T.O.E- Trans-Oesophageal Echo		Specimens taken Bacteriology <input type="checkbox"/> Histology <input type="checkbox"/>

Medications given during procedure:

Heparin time: _____ Dose _____ Administered by: _____

Please circle the appropriate detail(s) below:

Approach: Venous/Arterial

Routes: Femoral/Brachial/Radial/Jugular/Cephalic/Subclavian/Umbilical

Introducer(s) removed by: _____ Time: _____

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COUNTS	PRE PROCEDURE	POST PROCEDURE
Raytec 10 x 10		
Raytec 30 x 30		
Blades	No:	No:
Cooks Needles		
Sutures		
Needles Hypodermic	Green___ Blue___ Orange___ White ___	Green___ Blue___ Orange___ White ___
Cotton Wool		

Signature of Circulating nurse: _____

Signature of Scrub nurse: _____

Dressing applied:

Pressure dressing applied with gauze roll and Elastoplast/Micro-transpore/Steristrips/Tegaderm

- Skin condition on arrival to cath lab: Intact/ red/ broken
(Please circle)
- Presence of pulse distal to Catheter insertion site post cath Absent / Feeble /Fair /Good
(Please circle)
- Skin condition on leaving the Cath Lab: Intact/Red/ Broken
(Please circle)

Nurses remarks

Signature & grade _____

Device labels
(affix labels below)