**TABLE 1.1. Pre-Procedure Check List for Cardiac Catheterization and PCI**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Procedure Date:\_\_\_\_\_\_\_\_\_

Planned Procedure: Diagnostic Cardiac Catheterization

Diagnostic Cardiac Catheterization with possible PCI

Percutaneous Coronary Intervention

**History:**

Elective Outpatient Procedures: H&P documented within 30 days? Yes No

Inpatient Procedures: H&P documented within 24 hours of admission? Yes No

NPO per institutional protocol prior to procedure\*? Yes No

**NPO GUIDELINE RECOMMENDATIONS (by** the American Society of Anesthesiologists (ASA)**1:**

|  |  |
| --- | --- |
| 2 hours prior to scheduled procedure time | Clear Liquids, including clear/hard candies and drinks without pulp or dairy |
| 6 hours prior to scheduled procedure time | Light solids, including toast/oatmeal/granola bar, liquids with dairy, hard candies, pulp, and infant formula |
| 8 hours prior to scheduled procedure time | Regular Diet |
| Chewing Tobacco | No chewing tobacco 6 hours prior to procedure |

History of prior PCI or CABG: Yes No If yes, were reports obtained? Yes No

Prior radial artery harvesting for CABG? Yes No

AV fistula for dialysis? Yes No

Clinical presentation with STEMI? Yes No

Severe peripheral arterial disease Yes No

Prior abdominal aortic aneurysm endograft? Yes No

Prior iliofemoral surgery? Yes No

Candidacy for stenting:

1. Is there significant anemia (i.e., Hct <30)? Yes No

(if yes, has RBC type and cross been performed?)

2. Any major surgery in the past month or next year? Yes No

3. Is there any clinically overt bleeding? Yes No

4. Is patient on chronic anticoagulation (e.g., warfarin, DOAC)? Yes No

5. Is there history of medication non-adherence? Yes No

Allergies:

1. Contrast: Yes No If yes, was the patient pre-treated? Yes No

2. Aspirin: Yes No If yes, does the patient need desensitization? Yes No

3. Heparin (HIT) Yes No If yes, consider alternative anti-thrombotic agents

4. Latex Yes No If yes, remove all latex products from procedural use

5. Multiple allergies Yes No If yes, consider prednisone pretreatment

Medications:

1. Did patient take aspirin within the past 24 hours? Yes No

2. Did patient take a P2Y12 inhibitor within the past 24 hours? Yes No

3. Did patient take metformin within the past 24 hours? Yes No

4. Did patient take sildenafil (or equivalent) within the past 24 hours? Yes No

5. Did patient receive LMWH within the past 24 hours? Yes No

If yes for LMWH, dose given and time of last dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Is patient on immunosuppressants? Yes No

If yes avoid use of arterial closure devices

7. Is patient on chronic opioids? Yes No

If yes sedation can be challenging

Informed Consent:

Was informed consent obtained within 30 days? Yes No

Was informed consent documented in the medical chart? Yes No

Is there a healthcare proxy? Yes No

Is the patient DNR or DNI? Yes No Yes, but revoked for procedure

(DNR= do not resuscitate, DNI=do not intubate)

Sedation, Anesthesia and Analgesia:

Are ASA and Mallampati Class documented? Yes No

Is there any contraindication to sedation present? Yes No

Prior adverse reaction to sedation? Yes No

Adequate intravenous access? Yes No

**Physical Examination:**

Abnormal cardiac examination? Yes No

Signs of congestive heart failure? Yes No

Signs of cardiogenic shock? Yes No

Distal pulses decreased? Yes No

Hostile groin (massive obesity, scar from prior procedure, infection, ulcer)? Yes No

Arteriovenous fistula for dialysis? Yes No

Severe arm tremor or involuntary movements? Yes No

**Laboratories and Studies:**

Complete blood count and basic electrolytes within 14 days (outpatient) or 24 hours (inpatient)? Yes No

Was EKG performed within 24 hours? Yes No

INR performed within 24 hours (for patients on warfarin)? Yes No

Serum beta hCG for women of childbearing potential Yes No

Does the patient require pre-procedure hydration? Yes No

If available, prior angiograms reviewed? Yes No

(location of femoral bifurcation, peripheral arterial disease, extent of vessel and coronary calcification, prior stents, and old severe lesions which were untreated, access issues-crossover, groin scar, kissing iliac stents or stenosis, radial loops, subclavian stenosis or tortuosity, need for a long sheath, anomalous origin of left or right coronary artery, issues with LIMA engagement, diagnostic and guide catheters used [and whether these provided optimal support based on report and angiographic images], guidewires used and issues with stent delivery, whether atherectomy was needed, etc.)

If available, echocardiogram reviewed? Yes No

If available, coronary CTA reviewed? Yes No