


CORONARY ANGIOGRAPHY CHECKLIST

SIGN IN <i>To be completed by the individual conducting the procedure prior to scrubbing</i>	TIME OUT <i>To be read out loud by the assistant before invasive part of procedure is commenced</i>	SIGN OUT <i>To be read out loud by the assistant before anyone leaves the procedural area</i>
<input type="checkbox"/> Confirm all individuals have introduced themselves.	<input type="checkbox"/> Confirm operators are wearing gown and sterile gloves after scrubbing.	<input type="checkbox"/> Catheters and guidewire/s accounted for.
<input type="checkbox"/> Confirm patient identity and procedure.		<input type="checkbox"/> All sharps accounted for and disposed of safely.
Check consent: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Unable, document best interest decision	Confirm: <input type="checkbox"/> Operators are wearing radiology badges. <input type="checkbox"/> Skin cleaned with antiseptic. <input type="checkbox"/> Sterile drapes in place. <input type="checkbox"/> Contrast/pressure lines checked and ready. <input type="checkbox"/> All solutions labelled appropriately.	Sheath removed and haemostasis achieved in the Lab? <input type="checkbox"/> No <input type="checkbox"/> Yes
Does the patient have a known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:		Haemostasis device used? <input type="checkbox"/> Arm band <input type="checkbox"/> Exoseal <input type="checkbox"/> Manual pressure
<input type="checkbox"/> Confirm recent blood results checked.		<input type="checkbox"/> Documentation/pathway initiated.
Optimum insertion site selected: <input type="checkbox"/> Radial <input type="checkbox"/> Femoral <input type="checkbox"/> Right <input type="checkbox"/> Left	During the procedure: <input type="checkbox"/> Confirm guidewire removed and intact.	Recovery procedure: <input type="checkbox"/> Standard. <input type="checkbox"/> Extra measures, specify:
Confirm team credentials: <input type="checkbox"/> Cardiologist <input type="checkbox"/> Registrar <input type="checkbox"/> Cathlab Nurse <input type="checkbox"/> Physiologist <input type="checkbox"/> Radiographer <input type="checkbox"/> HCA		Intra-procedural complications? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:
		Intravenous cannula flushed? <input type="checkbox"/> N/A <input type="checkbox"/> Yes
		Monitoring requirements for next 24 hours: <input type="checkbox"/> CCU <input type="checkbox"/> Ward <input type="checkbox"/> Home (not required)
AFFIX BAR CODED PATIENT LABEL HERE	Signatures (print name) Operator: _____ Date: _____ Assistant: _____ Time: _____ Supervisor: _____ Location: _____	Specialty Documents 

CORONARY ANGIOGRAPHY CHECKLIST

This LocSSIP applies to all coronary angiogram procedures undertaken in the CDDFT Cardiac Catheter labs.

Must-do procedural steps

1. To ensure compliance with best practice:
 - a. CDDFT's angiography pathway and procedural checklist **must** be used.

2. To reduce the risk of bleeding:
 - a. Manual pressure, pressure clamps or angioseal devices should be used as appropriate.
 - b. Any clotting abnormalities should be corrected if appropriate.

3. To eliminate the risk of guidewire retention (**A NEVER EVENT**):
 - a. When the needle, dilatator or catheter is being inserted or manipulated, part of the guidewire, if present, **must** be visible and held by the individual performing the procedure.
 - b. Confirmation of guidewire removal **must** take place and be recorded as indicated in the TIME OUT.

4. To reduce the risk of catheter-related infections:
 - a. The insertion site **must** be cleaned with betadine or 2% chloraprep in 70% alcohol.
 - b. The operator **must** fully 'scrub' and **must** be wearing a gown and sterile gloves throughout the procedure.

5. To reduce the risk of unrecognised cardiac arrhythmias:
 - a. Continuous ECG monitoring **must** be undertaken during insertion.

6. To reduce risk of injection of incorrect solution:
 - a. All solutions **must** be properly labelled and checked before administration.

7. To ensure that residual sedative drugs do not remain in the cannula following the procedure:
 - a. Any cannula used during the procedure **must** be flushed before the patient leaves the procedural area.

Associated guidelines: Acute and Emergency Care Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.