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

_Intra Cardiac Catheterisation/Radiology Nursing Record_

<table>
<thead>
<tr>
<th>Date</th>
<th>Time in CCL</th>
<th>Scrub nurse</th>
<th>Circulating nurse</th>
<th>Instrument nurse</th>
<th>Anaesthetic nurse</th>
<th>Consultant Anaesthetist</th>
<th>Operating anaesthetist</th>
<th>Consultant Cardiologist</th>
</tr>
</thead>
</table>

Elective/Emergency procedure _________________________

Time out of CCL____________________

Scrub nurse
Circulating nurse
Instrument nurse
Anaesthetic nurse
Consultant Anaesthetist
Operating anaesthetist
Consultant Cardiologist

<table>
<thead>
<tr>
<th>Skin preparation</th>
<th>Infant Child position</th>
<th>Positional aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorhexidine/alcohol solution</td>
<td>Prone ☐ Dorsal ☐</td>
<td>Jelly mattress ☐</td>
</tr>
<tr>
<td>Chlorhexidine/aqueous solution</td>
<td>Lateral ☐ Supine ☐</td>
<td>Gel pad ☐</td>
</tr>
<tr>
<td>Bethadine antiseptic</td>
<td>☐</td>
<td>Heel pads ☐</td>
</tr>
<tr>
<td>Bethadine with alcohol</td>
<td>☐</td>
<td>Gamgee ☐</td>
</tr>
<tr>
<td></td>
<td>⇒ With T.O.E probe</td>
<td>Head ring ☐</td>
</tr>
<tr>
<td></td>
<td>⇒ With arms up no pressure</td>
<td>Arm board ☐</td>
</tr>
<tr>
<td></td>
<td>⇒ On brachial nerve</td>
<td>Elbow skis ☐</td>
</tr>
<tr>
<td></td>
<td>⇒ With arms by side</td>
<td></td>
</tr>
</tbody>
</table>

Positional aids:
- Jelly mattress
- Gel pad
- Heel pads
- Gamgee
- Head ring
- Arm board
- Elbow skis

_Abbreviations:_
- LMA- Laryngeal Mask Airway
- ETT-Endotracheal Tube
- CCL-Cardiac Catheterisation Lab
- T.O.E- Trans-Oesophageal Echo

Specimens taken
- Bacteriology ☐
- Histology ☐

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:________________________

Created by the staff of Cardiac Catheterisation Lab
June 2012
<table>
<thead>
<tr>
<th>COUNTS</th>
<th>PRE PROCEDURE</th>
<th>POST PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raytec 10 x 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raytec 30 x 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blades</td>
<td>No:</td>
<td>No:</td>
</tr>
<tr>
<td>Cooks Needles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sutures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needles Hypoderm</td>
<td>Green____ Blue____ Orange____ White_____</td>
<td>Green____ Blue____ Orange____ White_____</td>
</tr>
<tr>
<td>Cotton Wool</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)