

File within 3rd spine



Royal Cornwall Hospitals  
NHS Trust

NHS number: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 CR number: \_\_\_\_\_

Affix patient label

## Primary Percutaneous Coronary Intervention - Checklist

Peri procedural information (tick appropriate box)							
<input type="checkbox"/> PPCI	<input type="checkbox"/> TPW	<input type="checkbox"/> IABP	<input type="checkbox"/> Pericardiocentesis				
Pre procedure medication							
Aspirin	Loading dose:			mg			
Clopidogrel / Prasugrel / Ticagrelor	Loading dose:			mg			
Warfarin or DOAC	Yes <input type="checkbox"/>		No <input type="checkbox"/>				
Allergies: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:			Bleeding risk assessed: <input type="checkbox"/>		
Diabetes: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:			Details:		
Height:		Weight:					
Vascular access route							
	Size	No.	Removed in Lab (Tick)		Size	No.	Removed in Lab (Tick)
RFA			<input type="checkbox"/> Yes <input type="checkbox"/> No	RRA			<input type="checkbox"/> Yes <input type="checkbox"/> No
LFA			<input type="checkbox"/> Yes <input type="checkbox"/> No	LRA			<input type="checkbox"/> Yes <input type="checkbox"/> No
RFV			<input type="checkbox"/> Yes <input type="checkbox"/> No	Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Intervention							
Vessel	<input type="checkbox"/> POBA	<input type="checkbox"/> BMS x	<input type="checkbox"/> DES x	<input type="checkbox"/> PWS	<input type="checkbox"/> IVUS	<input type="checkbox"/> Rotablation	
Vessel	<input type="checkbox"/> POBA	<input type="checkbox"/> BMS x	<input type="checkbox"/> DES x	<input type="checkbox"/> PWS	<input type="checkbox"/> IVUS	<input type="checkbox"/> Rotablation	
Oxygen, sedation and anaesthesia							
<input type="checkbox"/> Nasal specs	L/min	<input type="checkbox"/> Facemask	L/min	<input type="checkbox"/> Local anaesthesia			
<input type="checkbox"/> Light sedation	<input type="checkbox"/> Conscious sedation			<input type="checkbox"/> General anaesthetic			
Haemostatic management							
TR band - Time:	Angioseal deployed by:			FemoStop applied - Time:		Digital Pressure	
<input type="checkbox"/> Air inserted	ml	<input type="checkbox"/> Time:	6f <input type="checkbox"/>	8f <input type="checkbox"/>	<input type="checkbox"/> Inflated to:	mmHg	<input type="checkbox"/> Time:
ACT at:	Result:			ACT at:	Result:		
ACT at:	Result:			ACT at:	Result:		
Comments / Complications and Post procedural instructions							
Date: Time:				Sign: Print: Designation:			

