Your Hospital's Logo Here

POST OUTPATIENT CARDIAC CATHETERIZATION DISCHARGE CHECKLIST Progress Notes

PATIENT NAME:	DATE:	TIME: (Military Time)

- ☐ ..... Pulses present before procedure are palpable distal to catheter site.
- ☐ ..... Mobility, strength, sensation, warmth, color of limb = Pre-Cath Level.
- ☐ ..... Ambulates at pre-cath Level.
- ☐ ..... Dressing clean, dry, appropriate size.
- ☐ ..... Any hematoma < 2cm at site.
- ☐ ..... BP + HR stable / Patient afebrile
- ☐ ..... Tolerates PQ fluid without nausea / vomiting.
- ☐ ..... Patient has voided.
- ☐ ..... Neuro status at pre-cath Level
- ☐ ..... Responsible adult available for transportation / escort.
- ☐ ..... Copy of Discharge Instructions given.

COMMENTS:

SIGNATURE:	TITLE:	DATE: