

**CATH LAB:
Pre-Procedural Education Checklist**

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NAME (print): _____ DATE OF PROCEDURE: _____

Your Procedure: _____

- ___ 1. **ARRIVAL:** On the date of your procedure:
- _____ is the time your procedure is scheduled. Check in to ACU (Located in the main hospital — entrance east of 901 building), _____ hours prior to your procedure ***Unless instructed otherwise by your physician.
 - _____ is the time you are scheduled for a Transesophageal Echo (TEE) or Cardioversion. Check into the Main Lobby of the hospital 30 minutes prior to your procedure time (_____). After obtaining paperwork from Admitting, which is located in the Main Lobby, you will be directed to the Cath Lab.
- ___ 2. **VISITORS:** Due to space constraints, please limit your visitors to one. Children under 14 are **NOT** permitted on the unit.
- ___ 3. **DIET: DO NOT** eat or drink anything, including water, after 12 midnight, the night before your procedure, unless instructed to do so by your cardiologist. Drink more fluids than usual before midnight.
- ___ 4. **MEDICATIONS: DO NOT** take any medications after 12 midnight, the night before your procedure. **Exception:** Blood pressure, heart, and seizure medications may be taken with a sip of water, unless you are instructed otherwise by your physician. Bring **asthma inhaler** to the hospital with you. **Diabetic patients** check with your physician for specific instructions.
- ___ 5. **VALUABLES:** Leave **all** valuables at home, including jewelry, money, and credit cards.
- ___ 6. **CLOTHING:** Dress in loose, comfortable, short-sleeved clothing that will accommodate any dressings, etc. after your procedure. A hospital gown will be provided for you.
- ___ 7. **EYE WEAR AND DENTURES:** Bring your glasses, contacts and dentures to wear during your procedure.



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Chart: Original Patient: Copy (English) Patient: Copy (Spanish)

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#4837 (Rev.3/15)

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- ___ 8. **ANESTHESIA:** The cardiologist will use a local anesthetic at the site of the catheter entry. Intravenous medications may be given to promote relaxation.
- ___ 9. **IV:** We will start an IV on your admission to the Ambulatory Care Unit (ACU).
- ___ 10. **CARDIAC CATHETERIZATION:** Procedure times vary. Ask your cardiologist for a time estimate.
- ___ 11. **WAITING:** Due to unforeseen circumstances you may experience an extended wait. Bring reading materials, music with headset or other items that will make your wait more enjoyable.
- ___ 12. **POST PROCEDURE HOLDING ROOM:**
- Depending on your procedure, you may be going home the same day; however, you may stay additional 4-6 hours recovering in ACU. If possible, depending on the time the procedure is performed, that you might stay the night. Please check with your physician for more information.
 - If you are having a Transesophageal echo (TEE) or Cardioversion, you may be discharged from Cath Lab within 1 hour after the procedure.
- ___ 13. **PAIN MEDICATION:** You will be asked to rate your pain using a numerical value from “0 to 10” (“0” is no pain, “10” is the strongest pain). You will be given medication accordingly.
- ___ 14. **POST-OP DIET:** A light nourishment will be provided to you after your procedure if indicated.
- ___ 15. **DISCHARGE:** Instructions and medication prescriptions will be given to you upon discharge. Make arrangements in advance for a caretaker and transportation home. You will **NOT** be permitted to drive yourself.
- ___ 16. **QUESTIONS?** Call your cardiologist or primary care physician if you have questions. **If it is an emergency - call 911.**
- ___ 17. **OTHER** _____

Patient Signature: _____ Date: _____

Nurse Signature: _____ Date: _____