



911 Queen's Boulevard
Kitchener, ON N2M 1B2
(519) 749-6553

Patient Label

Cardiac Catheterization Lab Checklist for Referring Facilities

Name of Sending Facility: _____

Photocopy of the following documentation if not previously faxed:

Date sent		Date sent	
	History and Physical from this admission		Cardiac surgery notes if not done at SMGH
	Stress Test		Echocardiogram
	MIBI, Stress ECHO, MUGA		PCI notes if not done at SMGH
	Most recent BPMH		ECG day of procedure
	Copy of the most recent blood work: CBC, Lytes, Cr, Random Glucose (within 48 hours), INR day of procedure if on Coumadin, most recent Trop, CK		

Photocopy of the MAR/Meds given if not previously faxed *** **MUST BE SIGNED OFF WITH MOST CURRENT DATE, TIME, & DOSE OF THE FOLLOWING MEDICATIONS*****

Date sent		Date sent	
	ASA		Heparin Infusion: Time stopped:
	ASA LOADING DOSE		Heparin subcutaneous
	Clopidogrel (PLAVIX)		Mucomyst
	Clopidogrel (PLAVIX) LOADING DOSE		Metformin
	Ticagrelor (BRILINTA)		Insulin short acting
	Ticagrelor (BRILINTA) LOADING DOSE		Insulin long acting
	LMWH Fondaparinux/Tinzaparin (Last dose 24 hrs), Enoxaparin/Dalteparin (Last dose 12 hrs)		Dabigatrin (Pradax), Rivaroxaban (Xarelto), Apixaban (Eliquis) (Hold 48 hrs)
	Coumadin		Other:

DATE IV INSERTED: _____ (Left arm if possible)

PATIENT ISOLATION FOR: _____

SIGNATURE OF SENDING RN: _____ DATE: _____

UNIT NAME: _____ EXTENSION OF SENDING UNIT: _____