EMR Quick Reference Guide

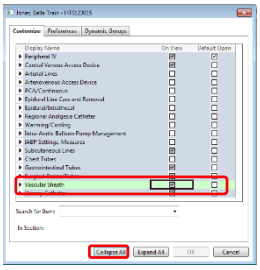
Angiogram/PCI/EP Observations

1. Document standard observations as normal in the **Observation Chart** and document any relevant additional comments.

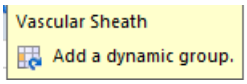
2. Go to the table of contents to select **Interactive View and Fluid Balance**, select **Adult Lines and Devices** and then **Vascular Sheath.**

3. If Vascular Sheath not visible go to Customize View 

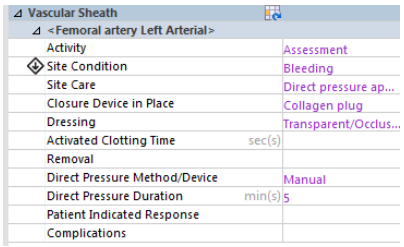
4. **Collapse All** and select **Vascular Sheath**.



5. Identify the Vascular Sheath site by adding a dynamic group.



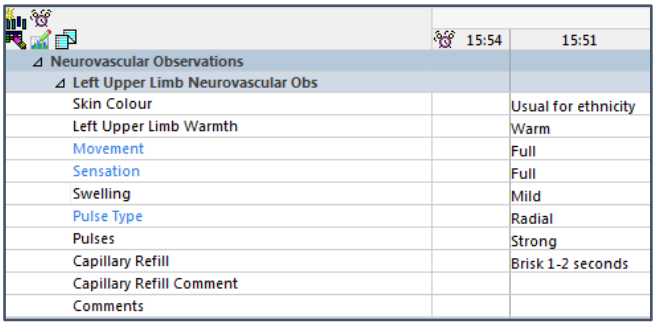
6. Enter the following Vascular Sheath information:
    - Activity
    - Site condition
    - Site Care
    - Closure Device in Place (if required)
    - Dressing
    - Activated Clotting time (if required)
    - Removal (if required)
    - Direct pressure Method/Device (if required)
    - Direct Pressure Duration (if required)
    - Complications (if applicable)



Vascular Sheath	
<Femoral artery Left Arterial>	
Activity	Assessment
Site Condition	Bleeding
Site Care	Direct pressure ap...
Closure Device in Place	Collagen plug
Dressing	Transparent/Occlus...
Activated Clotting Time (sec(s))	
Removal	
Direct Pressure Method/Device	Manual
Direct Pressure Duration (min(s))	5
Patient Indicated Response	
Complications	

7. Document the **Neurovascular Observations**.

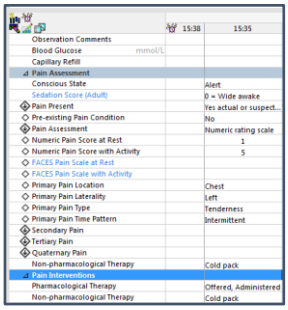
    - Go to the Table of Contents, select **Interactive View and Fluid Balance**.
    - Select **Adult Systems Assessment** and then **Neurovascular Observations.**
    - Enter the following Neurovascular Observations:
        - Select appropriate Limb Obs
        - Skin Colour
        - Limb Warmth
        - Movement
        - Sensation
        - Swelling
        - Pulse Type
        - Pulses
        - Capillary Refill
        - Capillary Refill Comment/Comments (as required)



	15:54	15:51
Neurovascular Observations		
Left Upper Limb Neurovascular Obs		
Skin Colour		Usual for ethnicity
Left Upper Limb Warmth		Warm
Movement		Full
Sensation		Full
Swelling		Mild
Pulse Type		Radial
Pulses		Strong
Capillary Refill		Brisk 1-2 seconds
Capillary Refill Comment		
Comments		

8. Document the **Pain Assessment**.

   - Go to the Table of Contents, select **Interactive View and Fluid Balance**.
   - Select **Adult Systems Assessment** and then **Pain Assessment.**
   - Enter the following Pain Assessment fields:
     - Conscious State
     - Sedation Score
     - Pain Present
     - If Pain Present, complete the conditional logic and use the Numeric Pain Assessment.



9. If additional information is required for any of the above fields, enter comments into the **Nursing Shift Notes**.