




This Quick Reference Guide will explain how to:

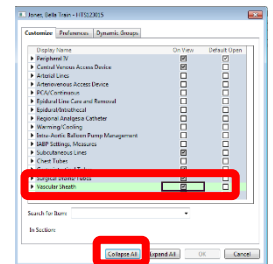
Document **Angiogram/ PCI/ EP Observations** in the **Observation Chart**, and document any relevant additional comments.

Cardiology - Angiogram/PCI/EP Observations

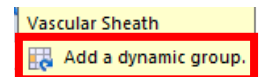
1. In the Table of Contents, select **Interactive View and Fluid Balance**, then select **Adult Lines and Devices** and then click on **Vascular Sheath**.

2. If Vascular Sheath not visible go to Customize View 

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

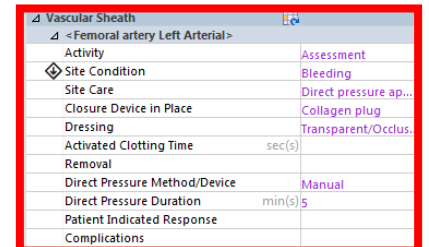


4. Identify the **Vascular Sheath** site by adding a dynamic group.



5. 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)



6. 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		



7. 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.

Observation Comments	15:38	15:35
Blood Glucose	mmol/L	
4. Pain Assessment		
Conscious State		Alert
Sedation Score (Adult)		0 = Wide awake
Pain Present		Yes actual or suspect...
Pre-existing Pain Condition		No
Pain Assessment		Numeric rating scale
Numeric Pain Score at Rest		1
FACES Pain Scale with Activity		5
Primary Pain Location		Chest
Primary Pain Laterality		Left
Primary Pain Type		Tenderness
Primary Pain Time Pattern		Intermittent
Secondary Pain		
Tertiary Pain		
Quaternary Pain		
Non-pharmacological Therapy		Cold pack
4 Pain Interventions		
Pharmacological Therapy		Offered, Administered
Non-pharmacological Therapy		Cold pack

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