

Post-Procedure Care Scope Notes

Femoral Site Assessment

- Assess site of the affected extremity for color, warmth, movement, sensation and pulse initially on return to your facility, then Q4h & prn as needed
- Check site for hematoma/bleeding Q4h and prn
- Site assessment includes, comparing groins for symmetry and palpating above and below the puncture site.
- If hematoma is discovered, note the size, characteristics, pulses, bruits, bruising, pain at site and vital signs.
- Notify physician of any change in status
- Pressure dressing post hemostasis should remain on until the next am, remove, assess site and document.
- Patient needs to be instructed to limit their use of affected leg for 48hrs.
- Review with patient the home instructions sheet provided by SRHC

Radial Site Assessment

- Assess site and hand distal to the access site for color, warmth, movement, sensation and pulse initially on return to your facility, then Q4h & prn as needed
- If patient experiences pain of arm or hand, notify MD immediately.
- Remove the pressure dressing 24 hours post-procedure, assess radial site and document findings, apply band-aid to site
- Assess radial pulse and document,
- Assess functional status of arm/hand. Instruct patient to remove band-aid within 24 hours.
- Review with patient the home instructions sheet provided by SRHC
- Movement of affected arm is restricted for 48 hours

Brachial Site Assessment

- Assess site and hand distal to the access site for color, warmth, movement, sensation and pulse initially on return to your facility, then Q4h & prn as needed
- Puncture site assessment includes, comparing brachial sites for symmetry and palpating above and below the puncture site
- If hematoma is discovered, note the size, characteristics, pulses, bruising, pain at site and vital signs, notify MD.
- Affected arm should remain elevated on pillows for 24 hours and restricted movement for 48hrs
- Review with patient the home instructions sheet provided by SRHC

Medications ASA & Clopidogrel

- ASA and clopidogrel (Plavix) prevent thrombus formation and are necessary for successful PCI
- It is essential that these medications are ordered unless the patient has contraindications.
- Patients should be advised NOT to discontinue this medication

Metformin

- There have been reports of lactic acidosis in patients receiving metformin and undergoing angiography
- Therefore patients need metformin to be held the day of the procedure and for 48 hours after the procedure
- Resuming Metformin
 - Consult the most responsible physician before restarting metformin
 - For most patients metformin can be resumed 48 hours following the procedure unless there is evidence of acute renal failure

Assessment Post PCI

Upon return to your hospital

- Monitor the patients vital signs and assess for cardiac complications.
 - Signs of cardiac complications may include chest pain or pressure, new dysrhythmias, and/or shortness of breath
- Auscultate heart and lungs and compare to previous findings

Assessment Post PCI

- Performing neurovascular assessment to involves the following;
 - palpating pulses of affected extremities and assess skin color, temperature, and sensation.
 - This will enable prompt detection of circulatory impairment caused by intravascular clotting or bleeding at the puncture site
 - Use of a Doppler may be necessary

Contacting the Interventionalist

- During the hours of 0800-1600 page the PCI Coordinator to locate the Interventionalist.
 - This will prevent delays which can occur if the Interventionalist is in a procedure and can not promptly return your calls
- After 1600 hrs and on the weekend, the Interventionalist can be paged through the hospital switchboard