

Cardiac Catheterization Laboratory - Unit Practice Manual
John Dempsey Hospital-Department of Nursing
The University of Connecticut Health Center

PROTOCOL FOR: Staff Duties

PURPOSE: To define Cardiac Cath. Lab. Team (CVT, RN) responsibilities in the cath lab procedure room during routine procedures and emergencies.

POLICY

EVALUATION: Standard of Care/Cardiac Cath Lab Policies, RN and
CVT PREF

PROCEDURE:

1. One staff member is assigned to 6:30am to 5pm shift with the following responsibilities:
 - a. Obtain keys from Pyxis on Cardiac Step Down Unit.
 - b. Hemochron QA/QC.
 - c. Assign scheduled patients with a procedure number.
 - d. Obtain demographic sheets from basket in the Holding Area and enter all patients scheduled for day into computer in film room, example: Name, T00#, cine# MD and date.
 - e. Do emergency checklist in rooms A and B.
 - f. Turn on x-ray equipment and Camtronics.
 - g. Make up heparin flush bags and label appropriately.
 - h. Early RN to make up Nitroglycerin bottles every 24hrs (25mg NTG/250cc D5W).
 - i. Assign team (CVT/RN) for first case of day, preferably the 7AM staff members, so that 6:30am person can complete all start-up responsibilities, if necessary.
 - j. Check Penny's X2828 voice mail for add-on cases.
 - k. Gather equipment so next available staff member can make up procedure table.
 - l. Early staff member, ANM, charge person, or delegated staff member to check on bed status in CSDU/ICU.
 - m. All early morning responsibilities must be complete or delegated to another staff member if unable to complete before leaving Cath Lab for a break.

2. Responsibilities of Cardiac Cath. Lab team members (CVT/RN) during daily function of the Cath. Lab. 7AM to 5:00pm. All responsibilities apply to both the CVT role and the RN role unless specific to a scope of practice.
 - a. ANM will be in charge to coordinate flow, make assignments, serve as a resource person and will supervise and support the team approach at all times. In her absence, she will assign a charge person and will delegate and prioritize the assigned person's tasks.
 - b. All staff will report to ANM if they leave the Cath. Lab premises to ensure accountability.
 - c. Team members will recognize patient assignments and will promptly attend to the patient from admission to discharge from the Cardiac Cath. Lab.
 - d. Both the RN and/or CVT will perform transfers via w/c, stretcher or bed to and from Cardiac Cath. Lab. And will assist to get the patient on the table and prepared for the procedure.
 - e. Neither team member should leave the patient without notifying the other

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- member, for example obtaining a blanket or lead. Time out of procedure room should be minimal to avoid disruption of flow.
- f. Both RN and CVT are responsible to ensure that the confidentiality and privacy needs of the patients are met.
 - g. It is the responsibility of the team to ensure that privacy needs of the patient are met by covering genitals with a towel while doing skin prep and closing the door to the room once the patient is on the table.
 - h. Both team members need to communicate respectfully to each other during cases; accurately and clearly reporting data, for example allergies, height, weight, risk factors, equipment and medications.
 - i. The RN administers all medications ordered by the MD following medication protocols/MD orders to discontinue and titrate medications.
 - j. It is the responsibility of both the CVT and RN to watch the ECG monitor and report changes during the procedure.
 - k. Neither team member should leave the room during the procedure except to retrieve equipment from the storeroom and it is never acceptable to have both members out of the room.
 - l. It is the responsibility of both team members to obtain equipment necessary during the procedure, for example, rotoblator, set up IABP, IVUS.
 - m. Personal phone calls are to be kept to minimum and not to come in to X1004 with the exception to make a quick call home in event the day is running unusually late.
 - n. CVT is responsible to obtain lesion information from the MD in a professional, tactful manner to record on protocol.
 - o. It is both RN and CVT responsibility to transfer and/or ensure the patient is transferred of the table to a bed, stretcher or wheelchair and that the patient is transferred to the receiving unit.
 - p. RN is to call report to receiving unit as soon as possible after a case is completed.
 - q. Both RN and CVT are responsible for the emergency care of a patient even after the procedure is completed. The RN will administer medications and the CVT will assist to manage the complication such as groin hematoma, chest pain (O2, monitor, IABP setup) vasovagal reaction.
 - r. All patients are monitored per protocol during manual compression of groin after sheath removal until disposition to receiving unit.
 - s. If a staff member scrubs on the case, it is helpful if that person prepares the access site and uncovers the procedure table before scrubbing. At the end of the case, the scrub person will remove drapes from patient, table and take soiled instruments to the soiled utility room.
 - t. Both the RN and CVT are responsible for prompt room clean up. This includes trash disposal, wiping the procedure table, patient table, ECG lead wires, pulse oximetry probe and any surface that has been soiled, procedure table set-up and floor cleaning if necessary.
 - u. The procedure room must be left ready for the next procedure and with consideration for the next team to use the room. For example, all used medication vials should be discarded, counter tops tidy and paperwork in appropriate basket.
 - v. Charge sheets are done by the CVT in the case but can only be done

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- accurately if both the RN and CVT communicate equipment used.
- w. It is the responsibility of the RN and CVT to ensure that the lab equipment is turned off, QC's are done and the rooms clean before leaving at the end of the day. This is equally so when team is called in for emergency cases.
3. Both RN and CVT are equal professional roles in the Cath Lab. Proper staffing of the unit is essential with a minimum of 4 staff members scheduled daily. Each staff member is required to work 2 Fridays and 2 Mondays per 4 week schedule.
4. Universal precautions are to be used by all team members.

SUPPORTIVE DATA: Patients undergoing diagnostic and interventional procedures in the Cardiac Cath. Lab. Require consistent and continuous quality care from Cath Lab. from admission to discharge by a team of staff assigned to and dedicated to the individual patient.

DESIRED

PATIENT OUTCOMES: Patients in the cardiac cath lab will receive consistent and quality care before, during and after their procedure.

REFERENCES: Nursing Standards Committee
SDS Standards Committee
The Nurses' Reference Library. Procedures©(1983). Intermed Communications, Inc.

EFFECTIVE DATE: 9/01

REVISION DATES: 2/08