

McLaren Flint

POST ENDOVASCULAR PROCEDURE FLOW SHEET

Puncture site and pulse check every 15 minutes x 4, then 30 minutes x 4, then every 1 hour

Date:

Bedside Groin Check on arrival to ICU Cath lab RN _____ ICU RN _____

Time Frame	15 min	30 min	45 min	1 hr	1 hr 30 min	2 hrs	2 hrs 30 min	3 hrs	4 hrs	5 hrs	6 hrs	7 hrs	8 hrs	9 hrs	10 hrs	11 hrs.	12 hrs
Time																	
Groin/Puncture Site																	
Distal Pulse																	
TEMPERATURE																	
Warm																	
Cool																	
Cold																	
Other																	
PULSE																	
Present																	
Faint																	
Absent																	
Dopp[er Signal																	
COLOR																	
Normal																	
Pale																	
Cyanotic																	
Other																	
CAPILIARY RETURN																	
Rapid																	
Sluggish																	
SENSATION																	
Present																	
Decreased																	
Absent																	

Initial	Signature/Title	Initial	Signature/Title	Initial	Signature/Title

Initial	Signature/Title	Initial	Signature/Title	Initial	Signature/Title

PT.

MR.#/RM.

DR.