

# Same-Day Discharge PCI Checklist

Granger Hospital<sup>1</sup>

	YES	NO
<b>1. Pre-Procedure (completed by cardiac cath lab RN)</b>		
▪ Serum creatinine level is less than or equal to 1.5 mg/dL		
▪ Hemoglobin greater than or equal 10.0/dl		
▪ Platelets greater than or equal to 100,000		
▪ INR is less than or equal to 1.5 if patient is taking warfarin (Coumadin)		
▪ Absence of allergies to aspirin, anti-platelet, or contrast dye (iodine)		
▪ Absence of having received warfarin, Pradaxa, Xarelto, Eliquis, or thrombolytic therapy 48 hours prior to procedure		
▪ Blood glucose level is less than or equal to 250 on day of procedure if patient is diabetic		
▪ K+ <3.5 or >5.5		
<b>2. Procedure and Clinical Factors (completed by attending/fellow)</b>		
▪ Absence of ACS; NSTEMI greater than 14 days		
▪ Acceptable angiographic result		
▪ Arterial sheath size is less than or equal to 7 French sheath		
▪ Single vessel only		
▪ Angiomax not infused post-procedure		
▪ Uncomplicated vascular access/Successful deployment of closure device or secure manual compression		
▪ Left ventricular ejection fraction greater than or equal to 30%		
▪ Back side of checklist (including patient admission factors) completed		

1) Pseudonym.

Source: Cardiovascular Roundtable interviews and analysis.

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	YES	NO
<b>3. Post-Procedure</b>		
▪ Patient lives within 60 minutes of a hospital (preferably with cardiac cath lab)		
▪ Patient has overnight assistance		
▪ Patient is reliable for education and medical follow-up		
▪ Patient is able to obtain medications at discharge		
▪ Patient has a working phone for follow-up call		
▪ Blood pressure is less than or equal to 180/100 mm Hg r higher than 90/50; HR <100 or near baseline, Rhythm: SR or within 20% of baseline		
▪ Absence of hematoma greater than 5 cm/significant ooze from access site		
▪ Successful ambulation targets 60 minutes prior to discharge		
▪ Tolerates PO fluids		
▪ Voided once prior to discharge		
▪ New medication prescriptions (antiplatelet, beta blocker, ACE or ARB, statin) were filled prior to patient discharge and script for cardiac rehab was given		

1) Pseudonym.

Source: Cardiovascular Roundtable interviews and analysis.