

SURNAME SURNAME NHI 000000

FIRST FIRST NAMES

DATE OF 00 / 00 / SEX SEX

Please attach patient label here



Electrophysiological Study
+/- Radiofrequency Ablation



Family members _____

Date/ Time	Problem/Need Please tick the appropriate box <input type="checkbox"/>	Nursing Action Please tick the appropriate box <input type="checkbox"/>	Revision Date & Time Name & Signature	Child & Family Action	Signature Nurse & Family
Admit day	To prepare _____ adequately for EP Study on admission Diagnosis: _____ Symptoms: (eg palpitations, syncope/collapse) _____ _____ and family will be fully informed and any questions/fears answered.	<input type="checkbox"/> Nursing admission to discharge form (XXXX) commenced <input type="checkbox"/> Medical team aware of arrival <input type="checkbox"/> Play specialist referral done <input type="checkbox"/> Warfarin/aspirin stopped (if taking)? YES/NO (notify drs if not done) <input type="checkbox"/> Resuscitation chart completed and checked <input type="checkbox"/> Work up completed and results in notes: <input type="checkbox"/> CXR, ECG <input type="checkbox"/> Bloods (FBC, U&E, x-match) <input type="checkbox"/> X1 chlorhexidine bath done <input type="checkbox"/> Pedal pulses identified and marked <input type="checkbox"/> Groin shave done (if needed) <input type="checkbox"/> 20 – 30 patient stickers in chart <input type="checkbox"/> Interpreter booked if required <input type="checkbox"/> Language: _____ <input type="checkbox"/> Interpreter name: _____ <input type="checkbox"/> time: _____(drs aware of time)		<input type="checkbox"/> Parents aware of <ul style="list-style-type: none"> <input type="checkbox"/> shared care philosophy <input type="checkbox"/> need to stay on the ward/be accessible <input type="checkbox"/> Parent contact details in admission to discharge form <input type="checkbox"/> Family aware of the need for parent/ guardian to be present for consent.	
Pre-EPs	Potential for unstable arrhythmia pre-EPs Usual underlying rhythm: _____	<input type="checkbox"/> 4 hrly (minimum) cardiovascular observations <input type="checkbox"/> Continuous cardiac monitoring (if required) <input type="checkbox"/> Anti-arrhythmic medication stopped (if taking) <ul style="list-style-type: none"> <input type="checkbox"/> Usual medication: _____ <input type="checkbox"/> Date stopped: _____ <p>NB: anti-arrhythmics are usually stopped 4-5 days prior to EPS, with the exception of Amiodarone, which should be stopped 3/52 prior</p>		<input type="checkbox"/> Family agrees to keep _____ on the ward. <input type="checkbox"/> Family have been shown emergency call bell.	

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EPS day	_____ will be kept NBM pre EPS/RFA without compromising hydration	<input type="checkbox"/> NBM times recorded on anaesthetic sheet <input type="checkbox"/> IV fluids charted for infants kept NBM >6hrs, or polycythaemic/cyanotic children >4hrs <input type="checkbox"/> Regular diuretic withheld		<input type="checkbox"/> Family aware of NBM times <input type="checkbox"/> Family agree to keep _____ NBM	
	_____ will be transferred safely to EP room	<input type="checkbox"/> Pre-op & Anaesthetic checklists complete <input type="checkbox"/> Premed. given if charted <input type="checkbox"/> _____ is monitored after premed given (continuous O2 sats) and not left unattended <input type="checkbox"/> Resus equipment available in the room and on transfer (ambubag, O2) <input type="checkbox"/> Family shown emergency call bell		<input type="checkbox"/> Family agree to keep child supervised and in room after premed given <input type="checkbox"/> Family aware that 2 adults only to accompany _____ to CIR	
CIU Check in	_____ needs to be cared for safely during his / her procedure.	<input type="checkbox"/> Front Sheet & ID Bracelet <input type="checkbox"/> Ht:_____cms Wt:_____kg <input type="checkbox"/> NBM:_____ COF:_____ <input type="checkbox"/> Allergies:_____ <input type="checkbox"/> Resuscitation form present and checked <input type="checkbox"/> Anaesthetic form present and complete <input type="checkbox"/> Consents - Procedural and Anaesthetic <input type="checkbox"/> Group & Hold/Cross match <input type="checkbox"/> Parent / Guardian present Patient History: _____ _____ _____	Checking Nurse _____ _____		

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	_____ requires age appropriate reassurance and explanations before procedure	<input type="checkbox"/> Provide explanation to child / parent / guardian <input type="checkbox"/> Answer questions <input type="checkbox"/> Ensure child and family are reassured and supported until asleep.			
In CIU	_____ needs preventative pressure area care.	<input type="checkbox"/> All patients require gel head ring. <input type="checkbox"/> Gel foot pads for all patients <input type="checkbox"/> Ensure cables clear of child's body			
	Need for clear procedural documentation to provide continuity of care	<ul style="list-style-type: none"> ▪ General Anaesthetic YES / NO ▪ L Femoral vein _____ sheath ▪ R Femoral vein _____ sheath ▪ R/L Femoral artery _____ sheath ▪ Heparin YES / NO Total Units: _____ ▪ EP / VT Study ▪ RFA: YES / NO ▪ Isuprel Administered YES / NO ▪ Atropine Administered YES / NO Variance: _____	Scrub Nurse _____ Run Nurse 1 _____ Run Nurse 2 _____		
	Patient is at risk of arrhythmia, vasovagal	<ul style="list-style-type: none"> ▪ Arrhythmia/s: YES / NO _____ ▪ Vasovagal: YES / NO _____ ▪ Cardioversion / DC Shock: YES / NO _____ 			

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	_____ requires accurate completed documentation for transfer to recovery / ward	<ul style="list-style-type: none"> ▪ Sheath(s) removed time: _____ ▪ Pedal pulses present? YES/NO ▪ CWMS: _____ ▪ Ooze at puncture site? YES/NO ▪ Haematoma at puncture site? YES/NO ▪ All documentation completed? YES/NO ▪ Patient for transfer to Recovery / Ward 23B ▪ Level of consciousness (on transfer to PACU): no response/rousable/awake ▪ Child's colour: _____ Variance: _____ _____ _____			
Post EPS / RFA	Relevant information given to provide continuity of care between EP lab, PACU and ward	<input type="checkbox"/> Reviewed by medical team shortly after return to ward: <ul style="list-style-type: none"> ▪ Continuous monitoring overnight? YES/NO ▪ CK sample required at _____ hrs? (CKCMB to be requested on each request form if CK elevated) ▪ Next day ECG, Echo (for left sided ablations) ordered ▪ Aspirin required for one month? YES/NO ▪ Anti-arrhythmic to be stopped? YES/NO 		<input type="checkbox"/> Ensure family are aware of any changes to pre-EPS medicines	

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	Risk of bleeding and/or haematoma post EPS/RFA	<ul style="list-style-type: none"> <input type="checkbox"/> _____ is 'specialled' for 3 hrs from arrival in PACU. End time: _____ <input type="checkbox"/> Keep lying flat to minimise risk of bleeding/haematoma (4hrs) <input type="checkbox"/> Cardiac catheter site(s) checked for bleeding/swelling: <ul style="list-style-type: none"> ▪ 30 mins for 3 hrs: finish time _____ ▪ Hourly for 3 hrs: finish time _____ ▪ Then 3-4hrly or as needed. <i>NB: If significant bleed/ risk:</i> <input type="checkbox"/> Pressure bandage applied (time on: _____) <input type="checkbox"/> CWMS, pedal pulses checked: <ul style="list-style-type: none"> ▪ 30 mins for 3 hrs: finish time _____ ▪ Hourly for 3 hrs: finish time _____ ▪ Then 3-4hrly or as needed. <input type="checkbox"/> Medical team notified urgently if signs of decreased circulation <p><i>Any anti-thrombolytic infusion administered as per guidelines (e.g. heparin, streptokinase)</i></p>		<ul style="list-style-type: none"> <input type="checkbox"/> Family agree to keep _____ flat / still <input type="checkbox"/> Family aware of the need for the nurse to remain in the room during the 'special' 	

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	Risk of cardiovascular compromise or arrhythmia post EPS/RFA	<input type="checkbox"/> Cardiovascular observations minimum 4/24 overnight <input type="checkbox"/> Continuous cardiac monitoring overnight <input type="checkbox"/> Expected rhythm: _____ Medical team notified of any change in cardiovascular stability outside expected parameters. Report any rhythm changes, and print rhythm strip +/- ECG for review		<input type="checkbox"/> Family agree to help keep _____ on cardiac monitoring	
	_____ will be recovered after general anaesthetic	<input type="checkbox"/> Eating and drinking <input type="checkbox"/> Has passed urine post anaesthetic <input type="checkbox"/> Anti-emetics/ IV fluids charted if post-anaesthetic nausea/vomiting			
		<input type="checkbox"/> ECG done <input type="checkbox"/> Reviewed by EPS fellow/consultant and able to be discharged <input type="checkbox"/> Complete Nursing Admission to Discharge Planner: <ul style="list-style-type: none"> ○ Discharge script done (if needed), and family educated on administration, etc ○ If RFA unsuccessful, anti-arrhythmic recommenced as ordered ○ Low dose aspirin prescribed for one month (for left sided ablations) ○ ?Referral to community services? <input type="checkbox"/> IV access removed		<input type="checkbox"/> Parents/caregivers are confident with medication collection, storage and administration <input type="checkbox"/> Medical discharge letter given, and family informed of any follow-up arrangements <input type="checkbox"/> Discharge education pamphlet given to family and discussed – family aware of signs and symptoms of haematoma / circulatory problem.	