

Radial Arterial Line Insertion Procedure Note

INDICATION: _____

PROCEDURE OPERATOR: _____

ATTENDING PHYSICIAN: _____ In Attendance (Y/N) _____

CONSENT:

Consent was obtained from _____ prior to the procedure. Indications, risks, and benefits were explained at length.

The procedure was performed emergently and the permission was implied because of the emergent nature.

PROCEDURE SUMMARY:

A time out was performed. My hands were washed immediately prior to the procedure. I wore a surgical cap, mask with protective eyewear, sterile gown and sterile gloves throughout the procedure. After an Allen test was performed to ensure adequate perfusion, the LEFT / RIGHT wrist was prepped using chlorhexidine scrub and draped in sterile fashion using a three quarter sheet drape and sterile towels. The radial pulse was identified and the wrist was positioned in the usual fashion. Anesthesia was achieved using 1% lidocaine. Using the Arrow Radial Arterial Line Kit, a needle was inserted into the radial artery. Arterial blood was seen to pulsate in the flash chamber. The internal guidewire was advanced easily into the radial artery. The catheter was then advanced over the wire and the needle and wire were withdrawn. The catheter was sutured in place. A sterile opsite was placed over the catheter at the insertion site. The patient tolerated the procedure without any hemodynamic compromise. At the time of procedure completion, the catheter was connected to the cardiac monitor and calibrated. Appropriate waveform and blood pressure tracing was observed.

COMMENT:

ESTIMATED BLOOD LOSS: _____ ml

Physician Signature _____ ID# _____ Date _____ Time _____



VENTURA COUNTY MEDICAL CENTER
SANTA PAULA HOSPITAL
**RADIAL ARTERIAL LINE INSERTION
PROCEDURE NOTE**

Patient Label
or
Two Patient Identifiers