Name _____

Date of birth _____

Address _____

_____

_____

District or NHS Number _____

Sherwood Forest Hospitals
NHS Foundation Trust

# CT Angiogram Integrated Care Pathway

**Date:**

**Referring Consultant**

**Radiologist:**

## Personal Circumstances

**Language spoken [ ]** English .....

**Interpreter** Booked: Yes/No/NA

## Signature Bank

| Name | Job Title | Signature |
|---|---|---|
| | | |
| | | |
| | | |

## Screening process:

| |
|---|
| CT Angiogram referral reviewed: Yes No |
| Clinical indication for test: Yes No |
| Any exclusion criteria: Yes No |

Additional Information/Discussions with patient:

| Consent | | |
|---|---|---|
| Has the patient: | | |
| Received a CTCA information sheet prior to the day of procedure | Yes | No |
| Had a verbal explanation of the CTCA including risks: | Yes | No |
| Side effects of cardiac drugs used to include GTN/Metoprolol | Yes | No |
| Been given the opportunity to discuss any concerns | Yes | No |
| Had post procedure care explained | Yes | No |
| Given verbal consent to CTCA | Yes | No |
| Has capacity to consent | Yes | No |

**If the health care professional has any concerns regarding capacity to consent, then Mental Capacity and Best interests Decisions Trust Guidelines must be adhered to and Supervising Imaging Consultant informed before proceeding to the CCTA.**

Further Comments:
……
……..

**Health Professional Signature:** ……
**Job Title:** …… **Date:** ……

| | | |
|---|---|---|
| Identification correct? | Yes | No |
| CRIS checked? | Yes | No |
| Does the patient have diabetes? | Yes | No |
| Concurrent use of Metformin? | Yes | No |
| Does the patient have any kidney problems? | Yes | No |
| Does the patient have Asthma / severe COPD? | Yes | No |
| On Diltiazem, Ivabradine, Verapamil or Digoxin? | Yes | No |
| Any drug allergies or reaction to contrast? | Yes | No |
| Any changes in symptoms since referral? | Yes | No |
| Recent admission since referral | Yes | No |
| Recent cardiac investigations? | Yes | No |
| Details | | |
| Any significant co morbidities? | Yes | No |
| Details | | |
| Could patient be pregnant? | Yes | No |
| Is the patient breast feeding? | Yes | No |

| Baseline observations and ECG | | | | |
|---|---|---|---|---|
| ECG:<br><br>BP ……. | | | | HR……. |
| Date: Signature: | | | | |

| Current medications: |
|---|
| |

| | 1st Checker | 2nd Checker |
|---|---|---|
| Metoprolol 2.5-5 milligrams over 1-2 minutes, Maximum of 40mg to achieve heart rate of 55 – 60bpm.<br>Batch no. _____ Exp _____ 20____ | | |
| Atropine 500 micrograms to 3milligrams to treat symptomatic bradycardia.<br>Batch no. _____ Exp _____ 20____ | | |
| Glyceryl Trinitrate sublingual spray | | |

During the Test

| Time | HR | Dose Given |
|---|---|---|
| | | |
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| | | |

Recovery

| Time | HR | BP |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Total dose Metoprolol given ……..
Total dose Atropine given ……
GTN sub lingual given Yes No (please circle as appropriate)

## Discharge

Cannula removed: Yes initial……..
Discharge advice given Yes/No

Atropine advice given Yes/No/N/A

Emergency contact advice Yes/No

Patient fit for discharge Yes/No

Discharge Time ……..

Comments: ……