

# McGuire VAMC Diagnostic Cardiac Cath Fellows' Responsibilities

## Arrival:

Fellows are expected to arrive in the cath lab at or before 7:30 am.

## Patient Assessment:

- Round on 2E to evaluate the outpatients.
- Get to know the patients and obtain consent for the procedure.

## Pre-Procedure Note:

- Put in a pre-procedure note for outpatients
- For inpatients, input the pre-procedure assessment in CART-CL and then copy and paste it in CPRS.
- All inpatients should have a pre-procedure assessment in CART-CL that can be copied and pasted in CPRS.

## Procedures:

- Perform the procedure.
- Review the films with the attending.

## After the Procedure:

- Immediately after the procedure, put the brief post-procedure note in CPRS.
- Put in post-procedure orders in CPRS.
- The Joint Commission mandates that patients do not leave a procedural unit without orders and a short note describing the procedure and summarizing the findings.
- Later that day fill out the cath procedure report in CART-CL and copy and paste it into a cath report consult in CPRS.
- Round on post-cath patients, explain results and evaluate pre-discharge.

## Planning for the Next Day:

- Review cases for the next day (indication, pre-procedure labs etc.).
- Together with the ACE fellow, ensure that patients on 4B (and lodgers on 2E) are consented.
- Triage the flow of non-CCU inpatients scheduled for cardiac cath and, if needed, review the consults for outpatient caths and decide about the appropriateness and the urgency.

## Weekends:

- Evaluate the inpatient.
- Make sure they have the labs and consent for the procedure (arrange with the ACE fellow).

## Cath Conference:

- On Tuesdays run the CT surgery/PCI conference.
- After the conference, put brief notes in CPRS on the decisions/opinions reached (*this is important because patients are told that their case will be discussed in conference and, when they call back later -because nobody gets in touch with them - there is no note documenting the outcome of the conference*).

## Other Expectations:

- If the need arises, fellows will be expected to set the table, hold the groins and to escort critically ill patients to the ICU after the procedure.
- In general, the fellow should be in the room ready to stick when the patient is draped on the table.
- Let Marie Skillings (lab secretary) and Debbie Nelson (lab manager), know as soon as possible about your clinic dates and the dates when you will not come because you are post-call.
- If you have clinic on the first day of your rotation, inform the lab, the attending and the interventional fellow.