

Arterial Line

1. Hospital name

2. Patient ID/Initials

3. Date and time of procedure

Example: January 7, 2019 11:03 AM

4. Age

5. Gender

Mark only one oval.

Male

Female

Unknown

Other: _____

6. Location

Mark only one oval.

- Intensive Care
- Emergency Department
- Operating Room
- Other: _____

Laboratory tests

Laboratory tests prior to procedure

7. Haemoglobin (g/L)

8. Platelet count (X 10⁹)

9. INR

10. APTT

Medications

11. Is the patient on anti-platelet agents?

Mark only one oval.

- Yes
- No
- Unknown

12. Choose the anti-platelet agents

Mark only one oval.

- Clopidogrel
- Aspirin
- Parugrel
- Ticlodipine
- Other: _____

13. Date and time of the last dose

Example: January 7, 2019 11:03 AM

14. Is the patient on anticoagulants?

Mark only one oval.

- Yes
- No
- Unknown

15. Choose the anticoagulant

Mark only one oval.

- Warfarin
- Heparin
- Apixaban
- Dabigatran
- Other: _____

16. Date and time of the last dose

Example: January 7, 2019 11:03 AM

Procedure

17. Procedure site

Mark only one oval.

- Right
- Left

18. Artery site

Mark only one oval.

- Radial
- Brachial
- Femoral
- Dorsalis Pedis
- Other: _____

19. Number of attempts

20. Catheter length (cm)

Mark only one oval.

5

9

Unknown

21. Catheter- Guidewire removed?

Mark only one oval.

Yes

No

Other: _____

22. Ultrasound used

Mark only one oval.

Yes

No

Other: _____

23. Catheter site secured?

Mark only one oval.

- Stitched
- Statlocked
- Other: _____

Investigation

24. Arterial trace confirmed?

Mark only one oval.

- Yes
- No
- Other: _____

25. SBP (mm of Hg)

26. DBP (mm of Hg)

27. MAP (mm of Hg)

28. ABG-pH

29. ABG-PaO₂

30. ABG-PaCO₂

31. ABG- SaO₂

32. Complications

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