<u>Facilities:</u>
Ascension St. Vincent's Riverside Ascension St. Vincent's Southside Ascension St. Vincent's Clay County Ascension St. Vincent's St. Johns County

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Circle loc Left Rigl		insertion n Antec				Arterial Pulse Grade Key:  4+ = Bounding  3+ = Normal  2+ = Disappears with  pressure				1+ =Weak, thready, Disappears with slight pressure	
Sedation S = Sleepi 1 = Awake 2 = Slightly	ing e & Alert drowsy	4 = Se	omnol	ntly dro ent to aro						0 = Absent, Not palpable AND not detected with doppler D = Detected with doppler ONLY	
Time	Sedation Scale		Pulse Rate	Resp Rate	Rate		l Pulse (Circle): Radial	Surface Skin Temp	Capillary refill seconds	Condition of Insertion Site	Initials
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Signature	with Tit	le			Initials	Sign	ature w	ith Title			Initials
Initiated form	2/00 DE	DMANIENT	CORV	Paga	1 of 1						L

M-110 Rev. 7/04

POST DIAGNOSTIC CARDIOLOGY / INVASIVE PROCEDURE FLOW SHEET

**PATIENT LABEL**