Saskatchewan
**Health Authority**

# Nursing Data Base
# Cardiac Procedure – Short Stay

**INITIAL APPLICABLE BOXES**

| | |
|---|---|
| **Admission Date/Time:** | **Key Contact:** **Name:** |
| **Admitting Diagnosis:** | **Relationship:** |
| | **Contact Phone:** |
| **Procedure / Surgery:** | **Allergies:** ☐ See Allergy / Intolerance Record<br>☐ ASA ALLERGY ☐ CONTRAST ALLERGY |
| **History of Anesthetic Problems:** Describe | **Medications:** ☐ See PIP |

| **Medical History** | **Diet:** |
|---|---|
| ☐ Myocardial Infarction (MI) - Year: _____ | ☐ Regular ☐ Diabetic ☐ Halal |
| ☐ Balloon/Stent - Year: _____ | ☐ Other |
| ☐ Hypertension | **Surgical History** |
| ☐ High Cholesterol | ☐ OHS; Describe: _____ Year: _____ |
| ☐ Parent/sibling/child with Heart Problems; Describe: _____ | |
| **Smoking Hx:** ☐ Never ☐ Current ☐ Year Quit: _____<br># Cigarettes per day: _____ # Years Smoked: _____ | |

| **Other Medical History** | **History Pertinent to This Admission** |
|---|---|
| ☐ Diabetes | Mobility at home: ☐ Independent ☐ _____ |
| ☐ Cancer (in last 5 years) Year: _____ | |
| ☐ Stroke/Mini Stroke | |
| ☐ Chronic Lung Problems | |
| | ☐ **Pre-op teaching complete per unit protocol** |
| | ☐ Patient/family understand present condition & procedure |

| **HEIGHT** | **cm** ☐ actual ☐ est | **WEIGHT** | **kg** ☐ actual ☐ est | **Database completed by** (Nurse ID)**:** _____ |
|---|---|---|---|---|

Saskatchewan
**Health Authority**

**Nursing Data Base**
**Cardiac Procedure – Short Stay**
**INITIAL APPLICABLE BOXES**

| Nurse Notes / Additional Information |
| --- |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |