



INSTITUT JANTUNG NEGARA
National Heart Institute

ICL POST PROCEDURE PATIENT MANAGEMENT AND TRANSFER HANDOVER REPORT

Sending Location :
Receiving Location:

Discharge Time:
Final Procedure:

PATIENT'S INFORMATION
(Please Stick Label)

Please (✓) where appropriate.

No.	Physiological parameters	Time																
1.	Blood Pressure (mmHg)																	
2.	Heart Rate (beats/min)																	
3.	SPO2 (%)																	
4.	Pain Score																	
	Circulation		Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left
5.	Bleeding (✓) Yes (X) No	UL																
		LL																
6.	Haematoma (✓) Yes (X) No	UL																
		LL																
7.	Colour (✓) Normal (X) Pale (C) Cyanose	UL																
		LL																
8.	Movement (✓) Yes (X) No	UL																
		LL																
9.	Sensation (✓) Yes (X) No	UL																
		LL																
10.	Pulse (✓) Felt (F) Feeble (X) Not Felt	UL																
		LL																
	Signature & Name :																	
	Date & Time :																	

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