

**Procedure Notes:**

femoral artery cannulated using Seldinger's technique. Under ASympic precautions. arterial waveform confirmed on monitor.

Complications Yes ☐ NO ☒

If yes, please describe

**SIGN OUT CHECKLIST**

The following have been verified

Name of the procedure recorded verified

Signature of Doctor

Time:

Any significant intra operative finding

Signature of Nurse

Instrument count/ sponge count/ needles etc verified

Labelling of specimens, if any

Any equipment problems to be addressed

Condition at transfer/ discharge (Select the appropriate option)

Stable ☐

Critical ☐

Disposition (Select the appropriate option)

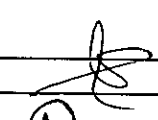

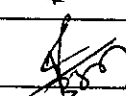
Home

Patient Room

ICU

Disposition Time:

Post Procedure Instructions:

Doctors Name	Dr. Cumaraya	Signature		Date/ time	5/10/11
Nurse Handed over to	Anita 11333	Signature		Date/ time	5/10/24 8 am
Nurse Handed over from	DM Ruzo WSO	Signature		Date/ time	5/10/11