

**Procedure Notes:**

- patient prepared & draped under aseptic precautions
- femoral vein cannulated using Seldinger's technique - confirmed r ultrasound,

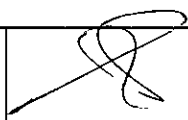
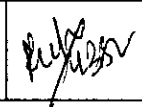
Complications Yes ☐ NO ☒

If yes, please describe

**SIGN OUT CHECKLIST**

The following have been verified

Time:

Name of the procedure recorded verified	yes.	Signature of Doctor		10:45
Any significant intra operative finding	-	Signature of Nurse		10:15
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

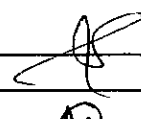


Patient Room

ICU

Disposition Time:

Post Procedure Instructions:

- Backflow Confirming
- and CDC - star

Doctors Name	Dr Samalye	Signature		Date/ time	5/10/24
Nurse Handed over to	Amin N333	Signature		Date/ time	10:20pm
Nurse Handed over from	SM Ruffo	Signature		Date/ time	5/10/24 10:20pm