



SPENDO
Pulmonary Artery Catheter Procedure Note:
Critical Care Services

Page 1 of 1

Form Origination Date: 10/02

Version: 3

Version Date: 2/07

**This form may be completed on line. Tab or move
cursor to text field and type in text.**

**For HIPAA Compliance reasons, this form
IS NOT TO BE SAVED with patient information.
Selecting the PRINT button will clear all information
from the note.**

Patient Name _____
MRN _____

PATIENT IDENTIFICATION LABEL

Patient Safety: ☐ Correct patient ☐ Correct procedure
☐ Time Out observed ☐ Fall precautions

Using sterile technique, a Pulmonary Artery Catheter was introduced into the ☐ left ☐ right
(check one) _____ vein. 1% lidocaine local
anesthesia ☐ was ☐ was not (check one) used for the procedure.

Check appropriate procedure:

- ☐ Prior to insertion of the pulmonary artery catheter, an introducer was placed de novo into the
vein using Seldinger technique.
- ☐ Prior to insertion, an introducer was placed into the vein by first placing a wire into an
indwelling central venous line. The old line was then removed and the introducer threaded
over the wire. The old catheter ☐ was ☐ was not (check one) sent for culture.
- ☐ The pulmonary artery catheter was introduced through an introducer already present in the
vein.

After placing the catheter through the introducer, the catheter's balloon was inflated and remained
so during the catheter's transit through the central circulation. Continuous pressure monitoring
was used to assess catheter position. Upon achieving a waveform consistent with a pulmonary
artery wedge pressure, the balloon was deflated and a pressure waveform consistent with a
pulmonary artery pressure observed. The sheath for the catheter was then placed in position and
the catheter secured in position. A sterile dressing was applied and the catheter was attached to
the appropriate bedside monitoring devices. There ☐ were ☐ were no (check one) apparent
complications of procedure.

Additional comments:

Signature of Physician performing procedure:

Physician Signature _____ Pager ID _____ Date _____ Time _____ AM/PM

My signature below certifies that I ☐ was ☐ was not (check one) present and personally supervising the performance of this
entire procedure. (Lack of signature does not imply lack of proper supervision. This relates only to attending physician presence
for the entire procedure as defined under the CMS regulations for supervision by teaching physicians.)

I certify that this person ☐ is ☐ is not (check one) qualified to perform this procedure unsupervised.

Attending Physician Signature _____ Pager ID _____ Date _____ Time _____ AM/PM

ah_ccu_cticu_ddicu_micu_nsicu_sticu_docu_pulmartcath

OTE 900360 Rev. 2/06