



SPENDO

Arterial Line Procedure Note:
Critical Care Services

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Form Origination Date: 10/02
Version: 3

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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 _____ gauge catheter was introduced into the _____ artery.
An Allen test was was not (check one) performed prior to insertion. 1% lidocaine local
anesthesia was was not (check one) used during insertion. Following the procedure, a
sterile dressing was applied and the catheter was attached to a pressure transducer for
monitoring purposes. The indication(s) for insertion was (were):

- Need for frequent blood draws (> 4 times/day)
- Hemodynamic instability requiring vasoactive agent support
- Hypertension requiring continuous intravenous vasodilator therapy
- Profound obesity preventing accurate assessment of blood pressure by non-invasive means
- Monitoring of cerebral perfusion pressure
- Other: _____

There were were no (check one) apparent complications of procedure.
Additional comments:

Signature of Physician/Therapist performing procedure:

_____ RT, MD (circle one) Pager ID _____ Date _____ Time _____ AM/PM

My signature below certifies that I was was not (check one) present and personally supervising the 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