CULLMAN REGIONAL

Patient label

CORONARY CT ARTERIOGRAPHY NURSING RECORD

Height:_____Weight:_____Creatinine:_____Reading MD:_____

Reason for exam:(check all that apply)

- ☐ EKG Changes
- ☐ Chest pain at rest / at exertion
- ☐ Dyspnea on exertion
- ☐ Dyspnea at rest
- ☐ Unspecified chest pain
- ☐ Emphysema / COPD / asthma
- ☐ Other_____
- ☐ Elevated Cholesterol
- ☐ S/P CABG/Stent
- ☐ Family history of CAD
- ☐ History of Infarction old / recent
- ☐ History of smoking
- ☐ Diabetes Mellitus
- ☐ Evaluation of know CAD
- ☐ Heart failure
- ☐ Hypertension
- ☐ Radiating Pain (jaw,arm,shoulder)
- ☐ Stress test / abnormal / indeterminate / normal

If male, has patient taken sexual enhancements drugs in the past 24 hours: **Yes/ No**
Smoker: **Yes / No** History of smoking / Packs per day _____ years smoked_____years quit_____
Allergic to contrast media / dye: **Y / N** Reaction:_____

Current Medications:_____
_____

Allergies:_____
_____

Medications Given:

Medication	Dose	Route	Time	RN

Vitals:

TIME_____ HR_____ BP_____ SPO2_____ Rhythm:_____
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Complications: None / _____
_____

Post CCTA instructions given and pt verbalized understanding _____

_____
Nursing Signature / Date and Time