**Action card: Cardiac catheter labs – For consultants**

Your procedure list will be emailed to you around noon on the working day prior to your planned list. It will contain the following information:

* The lab in which you will work
* The list order
* The patient cohort for infection prevention and control
* The intended procedure
* The location in which the patient will be recovered

The list order is fixed. Any changes to the order, with the exception of a clinical emergency (eg PAMI) need to be discussed with Mark O’Neill (CRM) or Brian Clapp (Structural / Intervention). As patients are cohorted, there are limited recovery slots for each cohort, so list changes are expected to be minimal. Urgent ward patients will be filtered by Brian and Mark, who will discuss any addition.

**Team brief is at 8am.** Initially, for social distancing, this will occur in the lab in which you are operating, hence, in blue scrubs. Vascular access / knife to skin is planned for 8:30am.

The standard end of day is planned to be 4pm (or earlier).

**Following the team brief you will don PPE and then perform the procedure.**

* A standard trolley will be prepared.
* If you prefer a different set up, please send through a list which will become your standard. You can do this for different procedures.
* When the procedure is finished, the exit is through the double doors, where you will complete doffing. Please do not exit through the control rooms.

**Once doffed the following tasks need to be completed:**

* Next elective patient needs to be consented (Evan Jones).
* TOMCAT / EDL / Medchart completed.
* For device patients: EPR request for CXR.

*These tasks should be allocated between yourself and the SpR.*

Once the lab is cleaned, the next patient will be on their way so please be prepared for the next case.

The only patients who are to be consented on the 4th floor are treat and transfer / PAMI / emergency patients (arrival: recovery).

Inpatients should have been consented on the ward prior to the procedure.

Leads remain in the lab once you have chosen a set for the day, and are cleaned between cases. At the end of the day, they are cleaned and left outside.

At the end of every list there is a mandatory debrief to discuss what worked well, and what could be improved. This is fed back to the organising group to try to improve the service.

Process data will be shared at the M&M Audit and Clinical Governance meeting.