**Operational workflow for inpatient pathway**

**Pre procedural operations for inpatients**

***Day prior to procedure***

* Inpatient listed for procedure by noon the day prior to the procedure.

**Cardiology registrar**

The cath lab registrar from the day prior to the procedure will ensure the following is completed:

* Consent the patient
* Pre-medication prescribed on Medchart (Antibiotics etc)
* Mark the operation site if appropriate
* Ensure there is a cannula on the correct site
* Ensure the correct bloods results are available for the procedure
* If they identify that the patient is not suitable for the procedure at this point – to contact the scheduling team
* Ensure the patient knows at what point to fast, if applicable
* Communicate with nurse in charge that the above is completed.
* Document on e-noting the following:
	+ The patient is listed for procedure next day
	+ What procedure the patient is listed for (eg left sided dual chamber pacemaker)
	+ Any premedication considerations to be taken into account
	+ Patient’s pacemaker ID / type of device if applicable
	+ Patient is COVID swab negative within the 48 hours prior
	+ Any clinical concerns that should be taken into consideration

**Nursing team**

* Ensure the correct bloods have been requested / results available
* Prepare the checklist for the next day on the patient
* Ensure the patient is aware what time to fast if required.

***Day of the procedure***

* Nurse in charge from night shift to handover during the huddle which patients are going for a cath lab procedure.
* All relevant bloods to be taken and night nurse to escalate any abnormalities with blood results.
* Night nurse to prepare patient (shave and cannula) and do cardiac check list. Only vital signs and blood glucose level (if patient is diabetic) should be left to be done by the day nurse.
* Nurse in charge to identify if the patient is Green (COVID swab negative within 48 hours), Amber or Red to the cath lab coordinator. This will assign those COVID Swab Negative within 48 hours to the **Green pathway**, Unknown status to **Amber pathway** and confirmed COVID positive to the **Red pathway**.
* Pre meds to be given by day nurse (antiplatelets if going for intervention or prophylactic IV antibiotics for patient going to have device insertion or explanation).
* **IV antibiotic must not be given until the cath lab co-ordinator calls and give instruction for this to be given as this should NOT be given more than half an hour before the procedure commence.**
* Patient preparation: wash hands, mask and gowning on the ward (exception to patient wearing a mask is if they require oxygen for transfer). Disposable socks to be put on patients. **All** personal belongings to be left on the ward.
* Checklist to be completed by ward nurse and handover to the nurse in charge that the patient is ready.
* No personal property should be sent to the cath lab, this includes underwear and slippers
* The following should be bagged ready for transporting patient to the lab (NO MEDICAL NOTES):
	+ Consent form
	+ Pregnancy disclaimer (if applicable)
	+ Patient labels
	+ Check list
	+ ECG
* **The bagged items should accompany the patient directly into the lab and should NEVER enter the control room.**
* Prior to transferring patient to the lab they should be encouraged to use the toilet on the ward as it is the last opportunity pre-procedure. There will be no access to an amber/red pathway toilet in the cath labs.
* Designated inpatient porter to be informed of mode of transport by the nurse in charge.
* Nurse in charge coordinates with the cath lab coordinator when the patient is ready and when the lab is ready to receive the patient.
* The nurse looking after the patient gives handover to cath lab nurse via telephone and confirms the cath lab is ready to receive the patient.
* The patient must be wearing a mask.
* Transfer of patient must only occur when staff required to perform procedure NOTIFIED, request ACCEPTED and ready for intervention/procedure CONFIRMED (see [action card 2d](https://www.guysandstthomas.nhs.uk/resources/coronavirus/action-cards/action-card-2c-internal-transfer-for-intervention-or-procedure-for-confirmed-covid-19.pdf))
* Porter to transport patient directly to the main cath lab Doors wearing single layer PPE including FFP3 mask (see [action card 8a](https://www.guysandstthomas.nhs.uk/resources/coronavirus/action-cards/action-cards-8a-ppe-for-agp.pdf)). They DO NOT enter the cath lab.
* Nursing assistant / security help facilitate journey from the ward to the main cath lab doors. They are to walk 2 metres ahead of patient for transfer, wearing single layer PPE and FFP3 mask (see [action card 8a](https://www.guysandstthomas.nhs.uk/resources/coronavirus/action-cards/action-cards-8a-ppe-for-agp.pdf)). They should doff and re-don before transferring the patient into clean PPE.
* Patient to be transferred via patient lift only (lift cleaning following transfer NOT required (see [action card 2c](https://www.guysandstthomas.nhs.uk/resources/coronavirus/action-cards/action-card-2c-internal-transfer-for-intervention-or-procedure-for-confirmed-covid-19.pdf)).
* If a spill occurs on route a member of transfer team should remain with spill and alert SNP to assist with cleaning (see [action card 2c](https://www.guysandstthomas.nhs.uk/resources/coronavirus/action-cards/action-card-2c-internal-transfer-for-intervention-or-procedure-for-confirmed-covid-19.pdf))
* The cath lab coordinator will meet the porter at the main cath lab doors and take the patient to the lab with only the porter.
* Staff performing the procedure (first operator and one other designated staff member) to wear single layer PPE including an FFP3 masks and visor (see [action card 8a](https://www.guysandstthomas.nhs.uk/resources/coronavirus/action-cards/action-cards-8a-ppe-for-agp.pdf)). This should be donned ready for patient arrival and worn for the duration of patient contact.
* Patient NOT to be left in waiting room with other patients or un-accompanied – Intervention/Procedure will be performed on patient arrival. **They should be brought directly to the assigned cath lab for procedure.**
* **Porter / assistant for labs** will bring patient bed directly into the following locations:
	+ Green - **COVID swab negative inpatient within 48hours**: bed brought to **CLDU** and cleaned
	+ Amber patient: Bed brought to **cath lab recovery** bay and cleaned
	+ **Red** patient: Bed to be brought into **Cath Lab 2** and cleaned
	+ The laundry is then removed from the bed and is then wiped clean with Clinell (green) and then 1% hypochlorite.

**Cleaning process following transfer**

* Following completed transfer, wheelchair used to be wiped down with Clinell (green) and then 1% hypochlorite (chlorine-based disinfectant) wipes to be performed by person involved in patient transfer wearing PPE.
* Persons involved in patient transfer and intervention/ procedure follow PPE doffing procedure (see [action card 8a](https://www.guysandstthomas.nhs.uk/resources/coronavirus/action-cards/action-cards-8a-ppe-for-agp.pdf)).

**Procedure performed**

Procedural operations as per [action card 2i](https://www.guysandstthomas.nhs.uk/resources/coronavirus/action-cards/action-card-2i-cath-lab-sop-emergency-or-urgent-for-confirmed-covid-19.pdf).

**Post procedure operations**

* Procedure report to be completed before transfer back to ward and any changes to Medchart prescribed – must be part of a checklist prior to transfer.
* Sign out performed by cath lab staff.

***Patient recover locations as follows***

1. **Red Patients: recovered in cath lab**

2. **Amber patients**: Recovered in **cath lab recovery**

3. **Green patients**: **COVID swab begative inpatients** (within the previous 48hours): recovered in **CLDU**

* The patient is recovered until deemed clinically fit for transfer.
* Cath lab coordinator will contact nurse in charge on the ward to confirm they are ready and available for transfer.
* Cath lab coordinator will contact porter to arrange transfer back to ward.
* Nurse from ward comes to accept patient from recovery or CLDU.
* Nurse from ward doffs and dons before transfer back to ward at cath lab main entrance and assists the transfer by walking 2 metres ahead ensuring path is clear, using patient lift only, and clears corridor on ward for return of patient to their bay, as per action card 2c and 2d.
* Inpatient porter +/- assistant transfer patient back to the ward as per [action card 2c and 2d](https://www.guysandstthomas.nhs.uk/resources/coronavirus/action-cards/action-card-2c-internal-transfer-for-intervention-or-procedure-for-confirmed-covid-19.pdf).
* **End of day de-brief** reviewing positive and negative aspects of the pathway which is communicated to the **inpatient pathway working group**.

**For inpatients having procedures who are not based on Becket Ward**

* All inpatients on outlier level 2 wards must be transferred to Becket Ward (or an East Wing ward ONLY) post procedure for 24 hours.
* Clinical judgement required and acceptable to return patient to ward outside of the East Wing wards where risk is deemed low given the distance from the cardiac catheterisation laboratory.
* The scheduling team and cath lab coordinator can identify this at the earliest time point and contact the SNP to facilitate this process.

**Other considerations**

* If a PAMI / emergency arrives while a RED pathway patient is recovering in Lab 3, the RED pathway patient will be moved to Lab 2 to recover to facilitate timely treatment of the emergency.
* Treat and transfer considerations (see Treat and transfer pathway SOP).