**Cardiac catheter labs – Team briefing**

**Date: Time:**

**Consultant cardiologist: Day coordinator:**

Team introductions

Roles and responsibilities clarification

Review of previous day’s debrief

Staffing issues

Infection control requirements and procedures discussion

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Procedure** | **Equipment required** | **Post procedure requirements** |
|  |  |  | Recover in |
|  |  |  | Recover in |
|  |  |  | Recover in |
|  |  |  | Recover in |
|  |  |  | Recover in |
|  |  |  | Recover in |

**Estimated list end time:**

Questions / concerns

Changes to list order?  Yes  No

If yes, details:

**Completed by: Time:**

**Signature: Role:**