**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:**