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| News Archive - Western Sussex Hospitals | *Affix patient label or enter details:*Trust ID No or NHS number

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|  |  |  |  |  |  |  |  |  |  |

 |
| Surname (BLOCK LETTERS):First name:D.O.B.: |

**Cardiology Day Case Procedure Summary**

**Procedure performed** (Tick)

🞏 Angiogram

🞏 Angioplasty ±

🞏 Ablation

🞏 Patent Foramen Ovale (PFO)

🞏 Left Atrial Appendage Occlusion (LAAO)

🞏 Atrial Septal Defect (ASD) Closure

🞏 Cardioversion

🞏 Transoesphageal echocardiogram (TOE)

🞏 Pacemaker

🞏 Implantable cardioverter defibrillator (ICD)

🞏 Device box change

🞏 Other (specify)……………………………………………….

Consultant / SpR ……………………………………………………..

**Medication Updates associated with the procedure**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medication, Dose, Frequency  | Duration | Date | Prescriber name and signature | Medication status  | Initial Supply (tick) |
|  |  |  |  | 🞏 Started🞏 Stopped🞏 Dose changed🞏 Continue | 🞏 FP10 prescription🞏 TTO pack🞏 GP to initiate |
|  |  |  |  | 🞏 Started🞏 Stopped🞏 Dose changed🞏 Continue | 🞏 FP10 prescription🞏 TTO pack🞏 GP to initiate |
|  |  |  |  | 🞏 Started🞏 Stopped🞏 Dose changed🞏 Continue | 🞏 FP10 prescription🞏 TTO pack🞏 GP to initiate |
|  |  |  |  | 🞏 Started🞏 Stopped🞏 Dose changed🞏 Continue | 🞏 FP10 prescription🞏 TTO pack🞏 GP to initiate |

A copy of this document is to be filed in the medical notes, this is not a discharge letter. A dictated letter from the procedure will be sent to the GP. **– other medications not listed above should continue as prior to procedure**

Discharging nurse: \_\_\_\_\_\_\_\_\_\_ \_\_ Date of procedure: \_\_\_\_\_\_\_\_\_\_\_\_

Second nursing check (only required when issuing TTO packs) : \_\_\_\_\_\_\_\_\_\_ \_\_