

# Athrectomy; PTCA; Stent

<p style="text-align: center;"><b>The Ohio State University Medical Center</b> Columbus, Ohio</p> <p><b>★ Learning Assessment / Barriers</b></p> <p> <input type="checkbox"/> = Physical Barrier      <input type="checkbox"/> = Language Barrier  <input type="checkbox"/> = Cognitive Barriers    <input type="checkbox"/> = Cultural / Religious Practices  <input type="checkbox"/> = Emotional Barriers      <input type="checkbox"/> = Motivation Poor  <input type="checkbox"/> = Pain / Discomfort      <input type="checkbox"/> = No Barriers / Ready to Learn  <input type="checkbox"/> = Financial Implications of Care         </p> <p style="text-align: center;">(Check all that apply and comment on barriers)</p> <p>Date _____                      Initials _____</p>	<p><b>★ Teaching Method Codes</b></p> <p> <b>A</b> = Audiovisual            <b>R</b> = Role play  <b>E</b> = Explanation          <b>D</b> = Demonstration  <b>H</b> = Handout                <b>G</b> = Group Class         </p> <p style="text-align: center;">(Circle preferred ways to learn)</p>	<p><b>★ Response / Evaluation Codes</b></p> <p> <b>AK</b> = Applies Knowledge  <b>SI</b> = States / Identifies  <b>RD</b> = Returns Demonstration  <b>NL</b> = No Learning  <b>NR</b> = Needs Review         </p>
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Date / Time / Initial	Intervention (Content taught and identity of learner, if other than patient)	Teaching Method ★	Learning Readiness	Y N	Response Evaluation Code ★	Review Date / Initial Response Code ★	Review Date / Initial Response Code ★	Comments
	<b>Patient / significant other will be able to:</b>							
	• Identify reason for procedure							
	• Describe procedure <input type="checkbox"/> Procedure Handout: <ul style="list-style-type: none"> <li>▶ Athrectomy</li> <li>▶ PTCA</li> <li>▶ Stent</li> </ul> <input type="checkbox"/> What to expect while in the cath lab							
	• Describe preparation for procedure							
	• Explain actual procedure and what sensations to expect during procedure							
	• Describe post procedure care <ul style="list-style-type: none"> <li><input type="checkbox"/> Telemetry monitoring</li> <li><input type="checkbox"/> Anticoagulation therapy</li> <li><input type="checkbox"/> Height of bed less than thirty degrees, head on pillow</li> <li><input type="checkbox"/> Bed rest</li> <li><input type="checkbox"/> Sheath removal:</li> <li><input type="checkbox"/> Force fluids after sheath removal</li> <li><input type="checkbox"/> Vital signs and pulse will be checked</li> <li><input type="checkbox"/> Notify staff of pain or bleeding at puncture site</li> </ul>							

Initials	Signature and Title	Initials	Signature and Title	Initials	Signature and Title