

\*Each activity from log on pg. 1 should have a corresponding signature for validation

Activity / Event Name: Love Smith Reception	Validation Signature: Holly Henderson	Date: 7-22-21
Activity / Event Name: NSD - active member	Validation Signature: Jonathan Colman	Date: 7-22-21
Activity / Event Name: Secondary Preceptor - EP	Validation Signature: Holly Henderson	Date: 7-22-21
Activity / Event Name: Student Support	Validation Signature: Jonathan Colman	Date: 7-22-21
Activity / Event Name: Unit Council Vice Chair	Validation Signature: Jonathan Colman	Date: 7-22-21
Activity / Event Name: Safety and Practice Comm. Her Chair	Validation Signature: Holly Henderson	Date: 7-22-21
Activity / Event Name:	Validation Signature:	Date:
Activity / Event Name:	Validation Signature:	Date:
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Activity / Event Name:	Validation Signature:	Date:
Activity / Event Name:	Validation Signature:	Date:

\*Validation signatures must be someone in leadership role or in attendance at the activity/event to verify your involvement in the stated hours on the Supporting Documentation Log

**VALIDATION SIGNATURE PAGE**

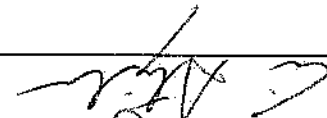
# Augusta Health Registered Nurse Professional Development Program Supporting Documentation Log

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation, & Improvements

\*\*One Category per Sheet\*\*



Date	Time (Total Hours)	Activity or Event	Name of student / new team member	Activity description / Topics discussed	Validation Signature* (see pg. 2)
12/7/20	10	Charge RN Precepting	Lara Smith	Charge RN responsibilities	
12/9/20	10	Charge RN Precepting	Lara Smith	Scheduling outpatients, PAT	
3/2/21	10	Charge RN Precepting	Lara Smith	Charge RN responsibilities	
3/3/21	10	Charge RN Precepting	Lara Smith	Outpatient insurance Pre-authorization	
3/10/21	10	Charge RN Precepting	Lara Smith	Work Flow coordination	
3/17/21	10	Charge RN Precepting	Lara Smith	Interdepartmental Coordination	
3/24/21	10	Charge RN Precepting	Lara Smith	Charge RN responsibilities	
3/29/21	10	Charge RN Precepting	Lara Smith	Staffing requirements	
3/30/21	10	Charge RN Precepting	Lara Smith	Charge RN responsibilities	
4/2/21	10	Charge RN Precepting	Lara Smith	Code cart checklists, PPE stocking	

Clinician Name:	Eric Staudacher	Clinician Signature:	
Date:	7-22-21	Date:	7-27-21

<https://www.nso.com/?policyNumber=622188392>

<https://www.nso.com/?policyNumber=622188392>





NSO - Coverage Details

Professional Liability

Coverage Details

Policy Status:  ACTIVE

AutoPay Status: Not Enrolled

Policy Number: 622188392

Coverage Period: January 20, 2021 - January 20, 2022

Profession: Registered Nurse

*If you would like to change the profession listed on your policy, please send an email with the details of the change to [service@nso.com](mailto:service@nso.com)*

License Protection: \$25,000 per proceeding - \$25,000 aggregate

Defendant Expense Benefit: \$1,000 per incident - \$25,000 aggregate

Deposition Representation: \$10,000 per deposition - \$10,000 aggregate

Assault: \$25,000 per incident - \$25,000 aggregate

Medical Payments: \$25,000 per person - \$100,000 aggregate

First Aid: \$10,000 per person - \$10,000 aggregate

Damage to Property of Others: \$10,000 per incident - \$10,000 aggregate

Mailing Address: 2807 Lyndhurst Rd, Waynesboro, VA 22980-9430

Employment Details

Enroll in AutoPay

Personal Insurance  
<https://www.nso.com/Persons>  
 Insurance  
 Our Partners  
<https://www.nso.com/associa>  
 partners)

Home (<https://www.nso.com/>)

Get Insurance (<https://www.nso.com/malpractice>-  
insurance/individual)

Renew (<Pages/RenewNow.aspx>)

Make a claim (<https://www.nso.com/claims>)

Login (<Pages/WiPLogin.aspx>)

Need help?

FAQs

Contact us:

Phone:

1-800-247-1500

1500

(tel:18002471500)

Email:

[service@nso.com](mailto:service@nso.com)

Sample Policies (<http://www.nso.com/Support/sample-policy-forms>)

Sample Certificate of Insurance

Virginia Drive, Suite 250

Fort Washington, PA 19034

Insurance License Information (<https://www.nso.com/insurance>-  
license-information)

↓ TOP

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# Augusta Health Registered Nurse Professional Development Program Supporting Documentation Log

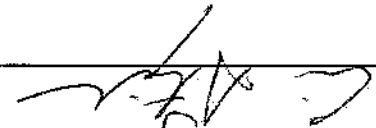
\*\*One Category per Sheet\*\*

Transformational Leader  
 Structural Empowerment  
 Exemplary Professional Practice  
 New Knowledge, Innovation, & Improvements



Date	Time (Total Hours)	Activity or Event Name	Name of student / new team member	Activity description / Topics discussed	Validation Signature* (see pg. 2)
11/5/20	8	Secondary Preceptor-EP	Hayley Henderson	Electrophysiology	
11/13/20	10	Secondary Preceptor-EP	Hayley Henderson	Electrophysiology	
11/17/20	8	Secondary Preceptor-EP	Hayley Henderson	Electrophysiology	
11/19/20	8	Secondary Preceptor-EP	Hayley Henderson	Electrophysiology	
12/3/20	10	Secondary Preceptor-EP	Hayley Henderson	Electrophysiology	
12/17/20	8	Secondary Preceptor-EP	Hayley Henderson	Electrophysiology	
1/26/21	8	Secondary Preceptor-EP	Sara King	Electrophysiology	
1/28/21	8	Secondary Preceptor-EP	Sara King	Electrophysiology	
2/2/21	8	Secondary Preceptor-EP	Sara King	Electrophysiology	
3/23/21	8	Secondary Preceptor-EP	Sara King	Electrophysiology	



Clinician Name:	Eric Stambler
Clinician Signature:	
Date:	7-22-21
Date:	7-22-21

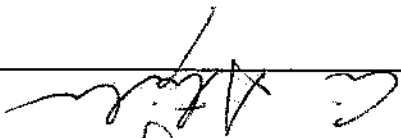
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Date	Time (Total Hours)	Activity or Event Name	Name of student / new team member	Activity description / Topics discussed	Validation Signature* (see pg. 2)
11/5/20	10	Student Daily Shift Support	Chelina - BRCC	Cardiac Cath	
11/12/20	10	Student Daily Shift Support	Chelina - BRCC	Electrophysiology	
12/21/20	10	Student Daily Shift Support	Allison - JMU	Cardiac Cath	
2/19/21	10	Student Daily Shift Support	Emily - BRCC	TEE/DCCV	
2/23/21	10	Student Daily Shift Support	Emily - BRCC	Electrophysiology	
3/10/21	10	Student Daily Shift Support	Christina - VT Med	Cardiology	
3/22/21	10	Student Daily Shift Support	Christina - VT med	Cardiology	
4/8/21	10	Student Daily Shift Support	Christina - VT med	Cardiology	
4/19/21	10	Student Daily Shift Support	Danielle - JMU	Cardiac Cath	
4/27/21	10	Student Daily Shift Support	Danielle - JMU	Electrophysiology	

Date: 7-22-21	Clinician Signature: 
Date: 7-22-21	Clinician Name: Eric Stajdhar

**Augusta Health  
Registered Nurse  
Professional Development Program  
Roadmap Supporting  
Documentation Template**

**\*\*One Category per Sheet\*\***

- Transformational Leadership
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Description/Details of Activity: **Unit Council Vice Chair**

Active member in CCL unit council and was elected as Vice President of the council in April 2021. Responsible for leading portions of the meetings and presenting unit needs such as education scheduling and code blue debriefing.

Dates of Meetings/Involvement:  
2/22/21, 3/15/21, 4/19/21, 6/21/2, 7/19/21, 8/16/21

Clinician Signature: [Signature] Date: 7-22-21  
Supporting Signature: [Signature] Date: 7/20/21

(Must be someone in leadership role or in attendance at the activity/event to verify your involvement)



Cardiac Cath and EP Lab Unit Council

May 14<sup>th</sup> 2021

- Jonathan Coleman
- Tricia Shifflett
- Lara Smith
- Haley Henderson
- Andy Banas
- Eric Stajduhar
- Michael Debova
- Daniel Marinelli
- Matt Russell
- Will Harding

Lara Smith – Begin a log for float / pull to other units to allow for equal share of this across unit. List located in prep recovery. All members present agreed to begin using list.

Lara Smith – Sunshine fund account is a "No go." Other units running into accounting issues. Group in agreement to continue idea of sunshine fund using Celeste as our banker. Roster to be given to Celeste and initial start up fund of \$10,000 per employee. All members present in favor of plan.

Eric Stajduhar – Reminder for super users to present education of topic and have unit staff checked off.

Jonathan Coleman – Has gotten pharmacy to stock Sugamadex in C-Lab omniceil. Sugamadex is reversal agent for paralytics and is used by Anesthesia during cases. Medicine is stocked in anesthesia cart and now in C-lab as back up location. **RN staff does not give.**

Eric Stajduhar – Reminder of Malignant hyperthermia training on 4/24 @ 16:00. All team members asked to assist. Review educational handouts. Eric has provided. Multiple jobs assigned during scenario to include mixing medication, getting equipment, phone notifications etc.... Everyone will be needed. No further business..... meeting closed.

Attendees:

Matt Russell

Daniel Marinelli

Andy Banas

Mike Polen

Eric Stajdhar

Sunshine fund – bring 10 dollars to Lara

End tidal CO2 thoughts- not an improvement from old tubing

Debriefing on code situations-

Too many people responding to code situations

- Charge nurse needs to filter extra people

Open discussion-

Matt put in a request for a new refrigerator

No lunches due to staffing and acuity

**Augusta Health  
Registered Nurse  
Professional Development Program  
Roadmap Supporting  
Documentation Template**

**\*\*One Category per Sheet\*\***

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**Description/Details of Activity: Chair of Safety and practice committee.**

**In charge of group that evaluates all new on coming technology and procedures and disseminating education and in-services. This committee helps with formal education, skills check off and competencies**

**Dates of Meetings/Involvement:**

11/24/20, 3/10/21, 5/3/21, 5/5/21, 5/14/21, 5/24/21

Clinician Signature: E. H. R. Date: 7-22-21

Supporting Signature: Holly Henderson Date: 7/22/21

*(Must be someone in leadership role or in attendance at the activity/event to verify your involvement)*



Stajdhar, Eric

From: Jolin, Jennifer  
Sent: Tuesday, November 24, 2020 3:12 PM

To: Karimi, Ashkan; Coleman, Jonathan; Banas, Andrew; Dubova, Michael; Gibson, Wendy; Grantham, Daniel; Harding, Will; Henderson, Allison; Jude, Amber; King, Sara; Long, Andy; Mack, Celeste; Martelli, Daniel; Murray, Derek; Polen, Michael; Russell, Matthew; Schneider, Laura; Shifflett, Tricia; Smith, Lara; Squier, Haley; Stajdhar, Eric

Subject: RE: Carotid angio  
Attachments: Carotid Handout.doc  
Follow up  
Completed

The only other thing to have on the radar is the potential glycopyrrate administration. I attached my handout for a refresher.

Also, just to clarify:

You should document a baseline **NIH** intervention pre-procedure (need to add).

Can do the less intensive **Neurocheck** intervention post-procedure. Looks like this (plus the GCS that is cut

Tom, Nov 24, 2020 15:07, by Jennifer Jolin, Real Time

<input type="checkbox"/> Neuro Problems	<input type="checkbox"/> Within Parameters - <input type="checkbox"/> Within Parameters EXCEPT When Parameters through New Neurological Symptoms: Alert and oriented x4 Speech clear, no difficulty w/ swallowing Cooperative, mood appropriate to situation Equal strength in extremities
<input type="checkbox"/> Symptoms	<input type="checkbox"/> Dizziness <input type="checkbox"/> Double Vision <input type="checkbox"/> Facial Droop - Left <input type="checkbox"/> Facial Droop - Right <input type="checkbox"/> Motor Droop - Right <input type="checkbox"/> Motor Droop - Left <input type="checkbox"/> Impaired Depth Perception <input type="checkbox"/> Impaired Vision <input type="checkbox"/> Impaired Balance <input type="checkbox"/> Impaired Gait <input type="checkbox"/> Incontinence <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Headache <input type="checkbox"/> Blurred Vision <input type="checkbox"/> Slurred Speech <input type="checkbox"/> Drooping Right Eye <input type="checkbox"/> Drooping Left Eye <input type="checkbox"/> Tongue Deviation - Left <input type="checkbox"/> Tongue Deviation - Right <input type="checkbox"/> Visual Field Defect <input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye
<input type="checkbox"/> Level of Consciousness	<input type="checkbox"/> Responds to Pain <input type="checkbox"/> Responds to Verbal <input type="checkbox"/> Unresponsive
<input type="checkbox"/> Cognitive Function	<input type="checkbox"/> Oriented to: Person Place Time Season
<input type="checkbox"/> Altered Speech	<input type="checkbox"/> Dysarthria <input type="checkbox"/> Spontaneous <input type="checkbox"/> Repetitive <input type="checkbox"/> Inappropriate
<input type="checkbox"/> Altered Behavior	<input type="checkbox"/> Agitation <input type="checkbox"/> Irritability <input type="checkbox"/> Withdrawn <input type="checkbox"/> Cooperative <input type="checkbox"/> Uncooperative
<input type="checkbox"/> Strength	<input type="checkbox"/> Left Arm Strength <input type="checkbox"/> Right Arm Strength <input type="checkbox"/> Left Leg Strength <input type="checkbox"/> Right Leg Strength
<input type="checkbox"/> Pupils	<input type="checkbox"/> Right Pupil Size <input type="checkbox"/> Left Pupil Size <input type="checkbox"/> Right Pupil Reaction <input type="checkbox"/> Left Pupil Reaction <input type="checkbox"/> Right Pupil Shape <input type="checkbox"/> Left Pupil Shape <input type="checkbox"/> Right Pupil Color <input type="checkbox"/> Left Pupil Color
<input type="checkbox"/> Neurological Exam	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Extremities <input type="checkbox"/> Reflexes <input type="checkbox"/> Sensation <input type="checkbox"/> Motor <input type="checkbox"/> Coordination <input type="checkbox"/> Gait

\*\*If a neuro abnormality is noted during a neurocheck post procedure then you have to do a full NIH again.



I'll be around next week if you guys have questions!

Jen

From: Karimi, Ashkan

Sent: Tuesday, November 24, 2020 1:42 PM

To: Coleman, Jonathan; Banas, Andrew; Dubova, Michael; Gibson, Wendy; Grantham, Daniel; Harding, Will; Henderson, Allison; Jude, Amber; King, Sara; Long, Andy; Mack, Celeste; Martinelli, Daniel; Murray, Derek; Polen, Michael; Russell, Matthew; Schneider, Laura; Shifflett, Tricia; Smith, Lara; Squier, Haley; Stajduhar, Eric  
Cc: Jolin, Jennifer  
Subject: Re: Carotid angio

Thanks much looks great I agree with all the points  
Thank you

From: Coleman, Jonathan <JColeman@AugustaHealth.com>  
Date: November 24, 2020 at 12:08:07 PM EST

To: Banas, Andrew <ABanas@AugustaHealth.com>, Coleman, Jonathan <JColeman@AugustaHealth.com>, Dubova, Michael <MDubova@AugustaHealth.com>, Gibson, Wendy <WGibson@AugustaHealth.com>, Grantham, Daniel <DGrantham@AugustaHealth.com>, Harding, Will <WHarding@AugustaHealth.com>, Henderson, Allison <AHenderson@AugustaHealth.com>, Jude, Amber <AJude@AugustaHealth.com>, King, Sara <SKing@AugustaHealth.com>, Long, Andy <ALong@AugustaHealth.com>, Mack, Celeste <CMack@AugustaHealth.com>, Martinelli, Daniel <DMartinelli@AugustaHealth.com>, Murray, Derek <DMurray@AugustaHealth.com>, Polen, Michael <MP3071020@AugustaHealth.com>, Russell, Matthew <MRussell@AugustaHealth.com>, Schneider, Laura <LSchneider@AugustaHealth.com>, Shifflett, Tricia <TShifflett@AugustaHealth.com>, Smith, Lara <LSmith6@AugustaHealth.com>, Squier, Haley <HSquier@AugustaHealth.com>, Stajduhar, Eric <EStajduhar@AugustaHealth.com>  
Cc: Jolin, Jennifer <JJolin@AugustaHealth.com>, Karimi, Ashkan <AKarimi@AugustaHealth.com>

We will be doing a Carotid next week please see the following and add anything more that we may need

1. NEURO exam

- a. Important to do NEURO exam prior to and after procedure, do a focused assessment of extremity strength, pupils, tongue midline, speech and smile. Dr. Karimi mentioned he wants "squeaky balls" in each hand so patient can "squeak" them every so often during procedure. They are located in upper top cabinet in the A/B control room.
- 2. SETUP
  - a. We had to have C arm at 0 degrees (normal for A Lab)
  - b. May have to use the shorter clear arm boards, C arm needs to be able to be get true lateral position.
  - c. For telemetry, don't keep at head of bed, run wires from belly and up.
  - d. Use the prone facial pad as a pillow to help stabilize the patients head.

3. In-Case Angiogram

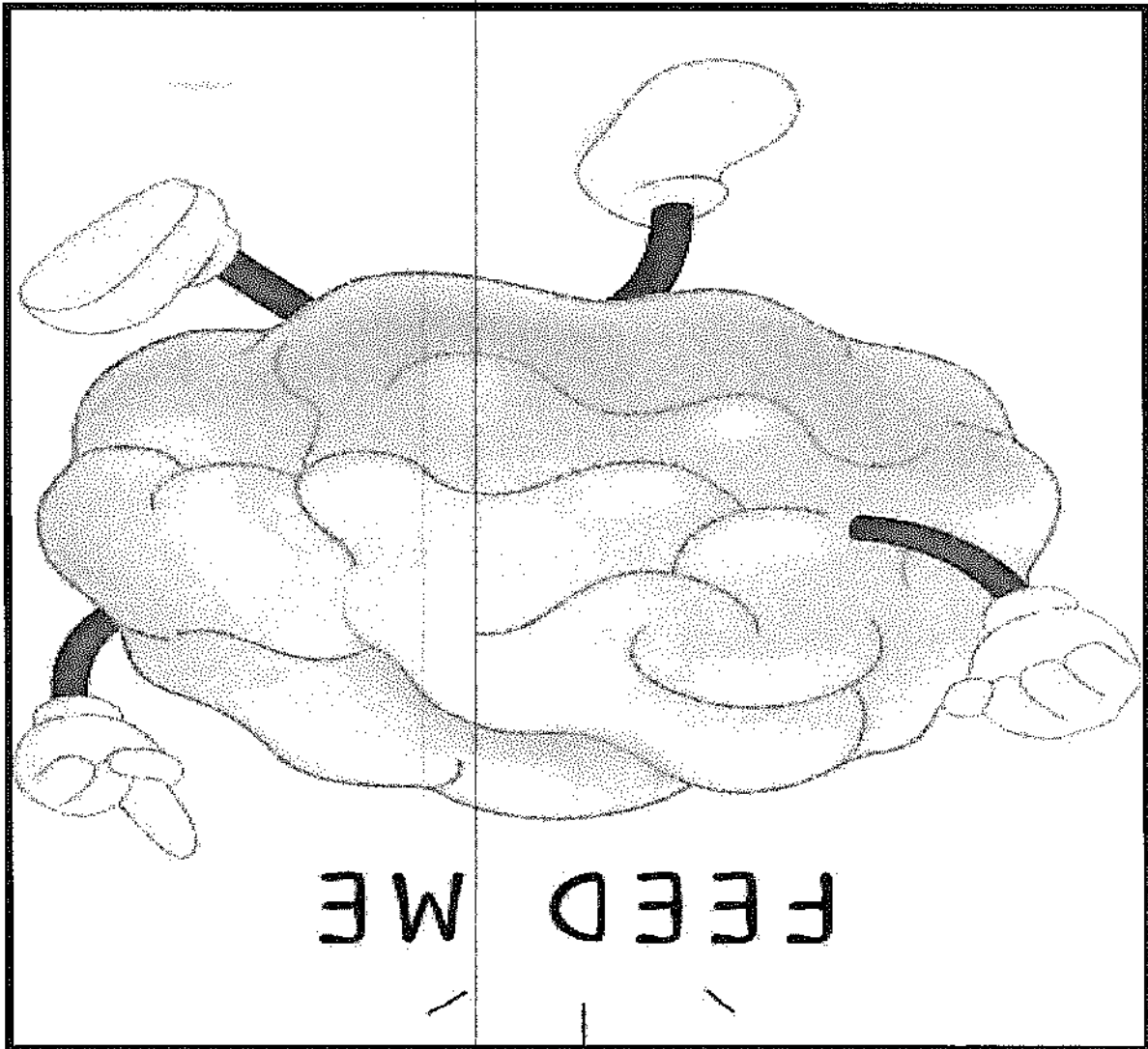
- a. 4000U Heparin after sheath was placed and start a timer.
- b. When taking selective views of carotids, very important that patient not move their head, swallow or breath.

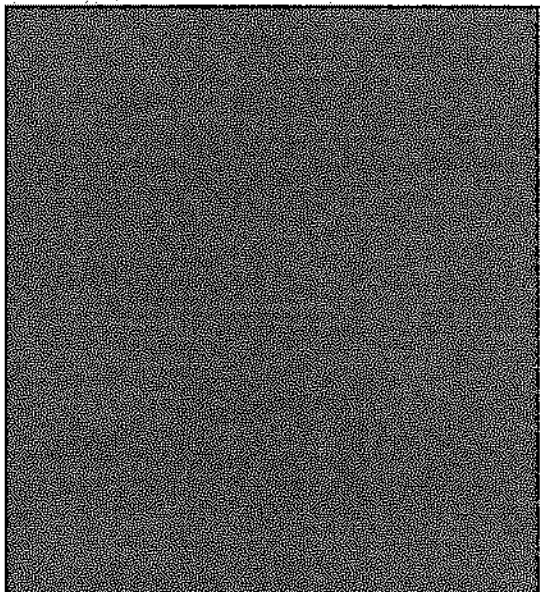
Jen, Mike and Dr. Karim! please add any additional information that we need for this case.

JC

January 2020

**CAROTID ARTERY STENTING**  
**EDUCATION FOR**  
**CATH LAB AND ICU**  
**NURSING STAFF**





**BENEFITS:**

- \* Decreased damage to cranial nerves vs endarterectomy
- \* No incision/anesthesia
- \* Reduced pain
- \* Cardiac events less likely than endarterectomies

**RISKS:**

- \* Stroke – embolic or hemorrhagic
- \* Hemodynamic instability
- \* Hyperperfusion syndrome
- \* Access site complications

# CAROTID

# ARTERY

# STENTING

## NOTES (WHITE MATTER)

### Pre-procedure

- Take regular BP meds morning of.
- Baseline NIH in PCS (not "Neuro-check" intervention).
- Should be on ASA & Plavix prior to arrival – notify MD if has not started pre-case.

### Intra-procedure

- Use head immobilizer.
- Prep for femoral access.
- Heparin (Angiomax also acceptable).
- No sedation.
- Squeeze toys to bilat hand (instruct patient on use).
- Documentation of Maclab neuro-check after every intervention.
- Glycopyrrolate 0.4mg IV prior to ballooning.
- Embolic protection measures (NAV 6 filter).
- Watch for variable BP and HR.

**Post-procedure**

- Standard femoral access care.
- Daily ASA & Plavix.
- Pseudoephedrine PO for persistent hypotension.
- Strict BP management with PRN hyper/hypotension meds (avoid NITRATES due to their direct effect on ICP).
- Neuro-checks (not NIH intervention) per order frequency. Full NIH scale for any complications or abnormalities noted.
- Watch for signs of cerebral edema or ICH – ipsilateral headache, n/v, confusion.
- Orthostatic (lying & standing only) vital signs on first ambulation. If SBP drops >15mmHg or HR increases >10BPM, notify MD.
- Expected LOS – one day.
- Discharge teaching: femoral site care, blood pressure monitoring after discharge, no heavy lifting/straining.

**DETAILS (GRAY MATTER)**

**Glycopyrrolate** – Anticholinergic medication typically used for peptic ulcer disease. Used in carotid artery stenting for protection against bradyarrhythmias. Mechanism is similar to atropine, but lasts longer with less cardiac dysrhythmias.

**Hypertension syndrome** – Normally, cerebral arteries dilate and contract as a normal response to blood pressure changes to maintain a static ICP. When a carotid artery is chronically occluded, the blood flow (blood pressure) within the cerebral arteries decreases, decreasing ICP. In an effort to increase back to a normal ICP, those affected cerebral vessels will dilate & become overstretching. When stented, cerebral blood flow is restored but the overcollated vessels may have lost the ability to snap back and contract. This can cause the vessels to get congested with new blood flow, which increases ICP and causes cerebral edema, or (at worst) can cause cerebral vessel rupture and intracranial hemorrhages.

**Hemodynamic instability** – Carotid arteries have baroreceptors that affect blood pressure if stimulated. Stenting and ballooning in these arteries can stretch those baroreceptors and cause blood pressure and heart rate variations during the procedure (and can last up to two weeks afterward). Expect boluses of short-acting BP meds during the case due to variability and/or continuous infusions of hypo/hypertension meds after the procedure. Patients with persistent low blood pressure may be discharged on Pseudoephedrine.

Stajduhar, Eric

**From:** Coleman, Jonathan  
**Sent:** Tuesday, November 24, 2020 12:08 PM  
**To:** Banas, Andrew; Coleman, Jonathan; Dubova, Michael; Gibson, Wendy; Grantham, Daniel; Harding, Will; Henderson, Allison; Jude, Amber; King, Sara; Long, Andy; Mack, Celeste; Marinelli, Daniel; Murray, Derek; Polen, Michael; Russell, Matthew; Schneider, Laura; Shifflett, Tricia; Smith, Lara; Squier, Haley; Stajduhar, Eric  
**Cc:** Jolin, Jennifer; Karimi, Ashkan  
**Subject:** Carotid angio  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed

We will be doing a Carotid next week please see the following and add anything more that we may need

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3. In-Case Angiogram
  - a. 4000 Heparin after sheath was placed and start a timer.
  - b. When taking selective views of carotids, very important that patient not move their head, swallow or breath.

Jen, Mike and Dr. Karimi please add any additional information that we need for this case.

JC

Stajduhar, Eric

**From:** Stajduhar, Eric  
**Sent:** Wednesday, March 10, 2021 7:35 AM  
**To:** King, Sara; CathEP Staff; Brammer, Glenn; Bunn, Christopher; Graber, Rodney; Sternberg, Kenneth; Varma, Dave  
**Subject:** RE: Cath Lab Special Panel

Hey Sara,  
I think this is a great idea! Most of this exists in the "Acute Coronary Syndrome" panel so hopefully it will be an easy tweak for the Meditech writers. I put some ideas in with your list below that may be helpful. Thanks so much for spearheading this. It'll be really convenient.

**From:** King, Sara  
**Sent:** Tuesday, March 09, 2021 8:31 PM  
**To:** CathEP Staff; Brammer, Glenn; Bunn, Christopher; Graber, Rodney; Sternberg, Kenneth; Varma, Dave  
**Subject:** Cath Lab Special Panel

Hello everyone,

Our research time required to find patient specifics in regard to those requiring cath lab services is somewhat lengthy at times. It also allows the opportunity for little things to slip through the cracks. I have an idea that I believe will drastically cut down on the amount of time it takes to research an inpatient that a cath lab intervention is ordered for as well as create a more uniform database for these patients, so something doesn't get missed.

When you are in a patients EMR, on the top of the list of options on the right-side bar is the "My panel" option. Within this, a cardiac cath panel can be created. By creating our own special panel, you can in one click see a snapshot of patient. This can include labs, covid, isolation, vitals, I&O, meds, etc. My thought was to go by our cath lab protocols in forming what would be on this panel. This would give an overall picture of the patient in one location without having to go all over their record. I feel this will benefit providers, nurses, and charge nurses.

Below is a list of interventions thought of so far. I would love your input as far as other areas of the patient's interventions and chart you would like to show up here. I cannot guarantee every request but will try.

Cath Lab Panel:  
Patient general – Isolation, Diet (H&P, Cards consult, Echo / Stress test / Stress echo results)  
Labs – WBC, K, BUN, Creat, H&H, Pits, PTINR, Covid, blood cultures (all electrolytes, BNP, BGL, A1C, Pregnancy test)  
I&O – Intake (Diet ordered / NPO initiation)

Vitals – standard vitals (to include oxygen delivery method)

\*Meds – Antiplatelets, ARBS, Ace inhibitors, diuretics, anticoags, betablockers, ca channel blockers (glycemic control, steroids, antihistamines, analgesics)

\*IV meds – amio, dilt, heparin, dobutamine, nitro, esmolol, pressors (insulin, sedatives)

\*my thought would be any and all cardiac related meds both PO and IV would ping here if being given.

Please give me your thoughts so we can make this as specialized as we wish. Thanks!

Sara