



Post PCI Sheath Removal Checklist

Appropriate removal of the sheath after PCI is essential in preventing vascular complications. The following checklist provides a step-by-step approach to performing sheath pulls.

Adapted with permission from the Blue Cross Blue Shield of Michigan Cardiovascular Collaborative (BMC2) Best practice protocols available at <https://bmc2.org/system/files/private/best-practice-protocols-5-20-14.pdf>.

- Gather all necessary equipment (gloves, gauze, protective gear, etc.).
- Demonstrate proper position of patient – supine with the artery exposed for patients with a femoral sheath.
- Place patient on a cardiac monitor.
- Able to state appropriate coagulation studies along with proper reporting of abnormal value (for example; patients on Heparin an ACT < 180 seconds).
- Assess pedal pulses, color, pain, temperature, and sensation of affected extremity throughout time of hold.
- Obtain baseline blood pressure, HR and rhythm.
- Remove sutures securing sheath to extremity.
- Demonstrate proper position of manual hold 1” to 1 ½” proximal to insertion site, wearing sterile gloves and using sterile gauze.
- Demonstrate appropriate length of manual hold.
- Able to verbalize actions to be taken in the event of a vagal response from patient (notify MD, Atropine, fluids).
- Apply dressing
- Demonstrate proper documentation: Date and time of sheath removal. Patient’s response to procedure. Coagulation study prior to hold. Interventions to any complications if applicable. Status of affected extremity and site pre and post sheath removal. Complete description of hematoma if present.

Name _____ Preceptor _____
Date _____

This tool is a part of the Bleeding Risk Toolkit available through the ACC Quality Improvement for Institutions program on VQuality.ACC.org.