

WAC 246-926-400 Cardiovascular invasive specialist scope of practice. (1) A cardiovascular invasive specialist assists in cardiac or vascular catheterization procedures in the role of either:

(a) A monitoring technologist, who documents every action during a catheterization procedure and monitors the patient's status, reporting any irregularities to the surgical team;

(b) A circulating technologist, who provides assistance to the surgical team from outside the sterile field; or

(c) A sterile/scrub technologist, who directly assists the physician during the catheterization procedure.

Except as provided in subsection (8) of this section, no cardiovascular invasive specialist shall perform the tasks of more than one role during any individual procedure. All intraprocedure tasks in any role must be performed under personal supervision.

(2) The preprocedure tasks a cardiovascular invasive specialist may perform in any role include:

(a) Prepare sterile table and necessary supplies;

(b) Verify patient identification;

(c) Verify or facilitate patient consent;

(d) Verify history and physical information to include:

(i) Chief complaint;

(ii) History of present illness;

(iii) Current medications;

(iv) Laboratory results;

(v) Test reports, as necessary, such as X-rays and/or electrocardiograms (ECG);

(vi) Past medical history;

(vii) Family and social history; and

(e) Obtain blood samples as allowed under WAC 246-926-180(3).

(3) The intraprocedure and post-procedure tasks a cardiovascular invasive specialist may perform in the role of a monitoring technologist include:

(a) Operate physiologic monitoring and recording equipment;

(b) Capture and input data for procedural calculations;

(c) Monitor, identify, measure, and record information from electrocardiograms (ECG), intracardiac electrograms, and pressure waveforms;

(d) Document each step and action during a procedure; and

(e) Inform the physician and team members of noted abnormalities.

(4) The intraprocedure tasks a cardiovascular invasive specialist may perform in the role of a sterile/scrub technologist include:

(a) Administer local anesthetic as allowed under WAC 246-926-180;

(b) Gain arterial/venous access;

(c) Insert and flush vascular sheath;

(d) Assist with insertion and manipulation of guidewires, catheters, and pacing leads;

(e) Assist with implantation of leads and devices for implantable devices, such as pacemakers or implantable cardioverter-defibrillators (ICDs);

(f) Close implantable device pockets;

(g) Assist in ablation of intracardiac lesions;

(h) Assist with performing intracardiac mapping;

(i) Assist with performing intracardiac lead extraction;

(j) Assist with obtaining invasive hemodynamic data, cardiac outputs, and blood samples;

(k) Inject contrast as allowed under WAC 246-926-180 for visualizing cardiovascular anatomical structures either manually or with the aid of a mechanical contrast device;

(l) Administer medications related to cardiac or vascular catheterization as directed by the physician;

(m) Assist with obtaining tissue samples for biopsy; and

(n) Operate intravascular ultrasound/intracardiac echocardiography (IVUS/ICE), fluoroscopy, and other imaging modalities.

(5) The intraprocedure tasks a cardiovascular invasive specialist may perform in the role of a circulating technologist include:

(a) Maintain sterile field and equipment supply;

(b) Set-up and operate ancillary equipment to include:

(i) Contrast injectors;

(ii) IVUS/ICE;

(iii) Fractional flow reserve/coronary flow reserve (FFR/CFR);

(iv) Atherectomy/thrombectomy devices and consoles;

(v) Intra-aortic balloon pump;

(vi) Percutaneous ventricular assist devices;

(vii) Pacemakers, automated implantable cardioverter defibrillators (AICD), and temporary pacemakers;

(viii) Pacemaker and AICD programmers;

(ix) Ablation devices;

(x) Intracardiac mapping devices;

(xi) Lead extraction devices;

(xii) Electrophysiologic stimulators;

(xiii) Other diagnostic, interventional, and mechanical support devices;

(xiv) Activated coagulation time (ACT) and other coagulation studies;

(xv) Whole blood oximetry; and

(xvi) Arterial blood gas (ABG).

(6) The post-procedure access site tasks a cardiovascular invasive specialist may perform in the role of either circulating technologist or sterile/scrub technologist include the following:

(a) Manually remove vascular sheath/catheter;

(b) Secure retained sheath/catheter;

(c) Use compression devices;

(d) Use vascular closure devices; and

(e) Instruct patient on care of site.

(7) The post-procedure patient care tasks a cardiovascular invasive specialist may perform in any role include the following:

(a) Monitor and assess patient ECG, vital signs, and level of consciousness;

(b) Identify, monitor, and compress rebleeds and/or hematomas;

(c) Assess distal pulses; and

(d) Document patient chart as appropriate.

(8) On an individual case basis and at the sole discretion of the physician, a cardiovascular invasive specialist may assume the dual role of monitoring and circulating technologist during an individual procedure. Such dual role approval shall be documented in the patient chart.

(9) Nothing in this chapter shall be interpreted to alter the scope of practice of any other credentialed health profession or to limit the ability of any other credentialed health professional to assist in cardiac or vascular catheterization if such assistance is within the profession's scope of practice.

[Statutory Authority: RCW 18.84.040 and 43.70.250. WSR 12-10-094, § 246-926-400, filed 5/2/12, effective 5/3/12.]