Pre-procedure

1. Document femoral and pedal pulses in holding room. Classify them as normal, diminished or absent. If pedal pulses are not palpable, then classify them as present or absent by Doppler. Listen for femoral bruit and if noted, notify physician.
2. Notify physician if hematoma or infection noted at site.
3. Obtain history of prior surgery at proposed access site (especially hip replacement, aorto-bifemoral/ fem-pop or fem-fem bypass), recent use of vascular closure device (VCD) and difficulty with, severe bleeding, pseudoaneurysm or VCD infection after prior femoral arterial access. Notify physician if adverse history noted.
4. Notify physician if patient is on steroids or other immunosuppressants, in which case, closure devices should preferably be avoided.
5. In patients at high risk of femoral arterial access bleeding (BMI <25, or >40, female gender, age >70, severely hypertensive or those requiring post procedural anticoagulation) consider radial access. SCAI risk assessment tool for femoral complications
6. If patient takes warfarin, ensure INR has been drawn on same day and is lower than institutional or physician threshold for performing cardiac catheterization/PCI. If patient is taking a "novel" oral anticoagulant (NOAC) such as dabigatran (Pradaxa), apixaban (Eliquis) or rivaroxaban (Xarelto), determine time of last dose. Radial access should be strongly considered for patients requiring resumption of antithrombotic therapy post procedure.

Intra-procedure

1. Ensure availability of ultrasound and micropuncture kit to facilitate femoral arterial access.
2. Consider re-prepping access site with antiseptic if femoral arterial closure device will be used.
3. Notify holding room staff if "high" or "low" stick" noted on post procedure femoral angiogram and sheath removal by manual pressure is planned. There is need for heightened vigilance to monitor for retroperitoneal bleeding/pseudoaneurysm.

Post-procedure

1. Wait for ACT to decline to <180 seconds if heparin was used, 2 hours if bivalirudin was used, 6-8 hours if SC LMWH and 4 hours if IV LMWH was used, before pulling femoral arterial sheath
2. Ensure adequate blood pressure control before removing sheath
3. If hematoma is noted, apply prompt direct manual pressure and notify physician immediately
4. If large hematoma had been noted, notify physician. Patient will need a femoral ultrasound to r/o pseudoaneurysm
5. Document pedal pulses post sheath removal; notify physician immediately for loss of pulse

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