SOP · CAR-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 56.1

At a glance

- Every patient referred for a cardiac investigation or procedure has a documented cardiac risk assessment (CAR-FRM-001).
- The assessment covers symptoms, the resting ECG, cardiovascular risk factors and the planned procedure.
- The decision to proceed, or to defer, is recorded and signed by the cardiologist.
- Patients at high risk are reviewed by a senior cardiologist before the procedure.
- Stop and get help straight away if: a cardiac procedure goes ahead without a recorded risk assessment and decision.

1. Purpose

To make sure cardiac investigations and procedures are done only after a recorded risk assessment and decision (56.1).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

To make sure cardiac investigations and procedures are done only after a recorded risk assessment and decision (56.1).

5. Responsibilities

Role	Responsibility	Competence
Cardiologist	Carries out and signs the risk assessment and the decision	Clinical lead
Cardiac nurse	Records the history, the ECG and the risk factors	Cardiologist

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Assess.

- Assess symptoms, the resting ECG, the risk factors and the planned procedure (CAR-FRM-001).

Key point: Assessed.

Step 2. Decide.

- Decide to proceed or defer, and record the reason.

Key point: Decided.

Step 3. Review high risk.

- Refer high-risk patients to a senior cardiologist before the procedure.

Key point: Reviewed.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Procedures with a signed risk assessment before the date	100%	Monthly	Clinical lead	Cancel the procedure
High-risk patients reviewed by a senior cardiologist	100%	Monthly	Clinical lead	Escalate to the hospital director

14. Records

Record	Kept in	Retention

Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
CAR-FRM-001	Cardiac risk assessment record	Record
FW-PLN-001	Cardiac and medical emergency plan (existing, reused)	Plan

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Cardiology & Cardiac Catheterization** (AMB-14)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)

- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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