

**HACKETTSTOWN REGIONAL MEDICAL CENTER
CARDIO PULMONARY POLICY MANUAL
PERFORMANCE EVALUATION OF ARTERIAL PUNCTURE**

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Policy No: 2.007
Origin: Cardio Pulmonary
Authority: Cardio/Pulmonary Manager
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Scope: All members of the Cardio-pulmonary Department.

Purpose: To assure that properly trained and licensed respiratory therapists are qualified to perform this procedure. For further details, please reference the Cardiopulmonary Policy and Procedure Manual, Section 4A Policy 2.