

**HACKETTSTOWN REGIONAL MEDICAL CENTER
CARDIOPULMONARY
PERFORMANCE EVALUATION OF ARTERIAL PUNCTURE**

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Effective Date: March, 2010

Policy No: 2.011

Cross Referenced: 4.002

Origin: Cardiopulmonary

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Authority: Cardiopulmonary Manager

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Page: 1of 1

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SCOPE

All members of the Cardiopulmonary 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.