HACKETTSTOWN REGIONAL MEDICAL CENTER CARDIOPULMONARY ARTERIAL BRACHIAL INDEX (ABI)

Effective Date: March 2012 Policy No: 3B.033

Cross Referenced: Origin: Cardiopulmonary

Reviewed Date: 3/2012 Authority: Cardiopulmonary Manager

Revised Date: 12/2012 Page: 1 of 1

SCOPE

All members of the Cardiopulmonary Department

Please reference ABI Off-Hours Procedure located under Diagnostic Imaging, policy attached

Approved by: See signed Authority & Approval form

month / year Committee Name