

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

Cardiac Cath (Femoral)-Postprocedure

Version 2 10/26/15

- This order set is designed to be used for post cardiac catheterization without intervention. If interventions were preformed please use a Post Cardiac Intervention order set.

Activity

Pre Line Removal

- Bed rest HOB flat with affected knee/leg straight [Reverse Trendelenburg OK]
- Bed rest HOB 0-30 degrees with affected knee/leg straight [Reverse Trendelenburg OK]

Post Line Removal

- Bed rest HOB flat for 2 hours after line removal then HOB 0- 35 degrees with affected knee/leg straight 4 hours after line discontinued (bed rest for 6 hours total) [Reverse Trendelenburg OK]
- Bed rest HOB flat for _____ hours after line removal then HOB 0- 35 degrees with affected knee/leg straight _____ hours after line discontinued (bed rest for _____ hours total) [Reverse Trendelenburg OK]

Diet

- Advance diet as tolerated to goal diet: HEART HEALTHY or _____

Nursing Orders

- Encourage oral fluids
- IF unable to void for more than 6 hours: Initiate Straight Cath/BVI Protocol
- IF bleeding at access site: Apply Fem-stop and follow protocol and Notify Provider

Notify provider

- IF bleeding or hematoma at access site
- IF change in CMS to affected extremity
- IF hypotension
- IF dyspnea or chest discomfort
- IF ECG changes
- IF post cath/PCI chest pain

Pre Line Removal Care

- Vital signs non unit standard: Pre line removal: Q15 min x 4, Q 30 min x 2 then Q1H while lines are in place
- Monitor site for bleeding and monitor affected extremity CMS Pre line removal: Q 15 min x 4, Q 30 min x 2, q1H until lines are discontinued
- Point of Care Activated Clotting Time (ACT) every hour as needed for line removal

Remove sheath

- at _____(time)
- when ACT is less than 180 or _____
- using manual pressure for at least 15 minutes
- using Femostop following protocol

Post Line Removal Care

- Vital signs non unit standard: Post line removal: Q15 min x 4 then Q1H x 5 then per unit standard or until discharge if outpatient
- Monitor site for bleeding and monitor affected extremity CMS Post line removal: Q 15 min x 4, Q 30 min x 2, q1H x 5 hours

Discharge

- Discharge in _____ hours after ambulating and medication reconciliation is complete; Notify provider if patient is not stable for discharge within ordered time frame
- Follow up with: _____

Respiratory

- Supplemental oxygen titration to maintain SpO2 greater than 94%
- Pulse oximetry , continuous until awake and alert and oxygen saturation remains > 94 % then pulse oximetry per unit standard of care

Initials _____

(place patient label here)

Patient Name: _____



Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

PROVIDER ORDERS

IV Fluids

Sodium Chloride 0.9% IV

- 125 milliliter/hour or _____ milliliter/hour Discontinue @ _____ (or at discharge)

Estimated GFR is less than 60 Select One:

Sodium Chloride 0.9% IV

- 125 milliliter/hour x 12 hours

Sodium Bicarbonate in D5W 150 mEq/1,000 mL IV

- 125 milliliter/hour x 6 hours

Consult to nephrology for IV fluid recommendations

- Convert Peripheral IV to Saline Lock after IV fluid discontinued if patient not ready for discharge

Medications

Analgesics: Opioids

fentaNYL

- 25 microgram intravenously once prior to line removal

Laboratory

- MRSA/MSSA by PCR

Provider Signature: _____ Date: _____ Time: _____