

(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.
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Diagnosis: _____

Allergies with reaction type: _____

Cardiac Cath (Radial)-Postprocedure

Version 2 10/26/2015

- 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

- Out of Bed immediately, or after _____ hours, when sufficiently awake and vitals stable
- Limit movement of affected arm for 3 hours, keep wrist straight, may use arm board as needed

Diet

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

Nursing Orders

- Encourage oral fluids
- Vital signs non unit standard: Post line removal: Q15 min x 4; Q30 min x2 then Q1H x 5 then per unit standard or until discharge if outpatient
- Monitor site Q 15 min x 4, Q 30 min x 2, Q1H for:
 - *Bleeding or hematoma
 - *Perfusion of hand (Compare cap refill of thumb and index finger to other digits)
 - *Continuous Pulse Ox to affected thumb or index finger, monitor arterial waveform and SaO2 > 90%
 - *Monitor for radial artery patency by compressing ulnar artery and verify continued SaO2 >90%

Notify provider

- IF bleeding or hematoma at access site
- IF forearm swelling to affected arm
- IF dyspnea or chest discomfort
- IF post cath/PCI chest pain
- IF ECG changes
- IF hypotension

TR Band Management

- Sheath removed at _____ hours
- 90 or _____ minutes post sheath removal:
 - Loosen TR band by removing 3 mL of air from balloon. Continue to incrementally remove 3 mL of air every 15 minutes until balloon is deflated.
 - If bleeding occurs re-inflate balloon in 3 mL increments until bleeding stops and NOTIFY PROVIDER. DO NOT exceed 18 mL of total balloon volume. Wait 15 minutes before repeating deflation procedure.
 - After band is completely deflated for 30 minutes and hemostasis is achieved remove band and apply bandaid

Discharge

- Prior to discharge verify patency of affected radial artery with reverse Allen's test. NOTIFY PROVIDER if not patent
- Discharge in _____ hours after ambulating and medication reconciliation is complete; Notify provider If patient is not stable for discharge within order time frame
- Discharge instructions: No lifting with affected arm for 24 hours after procedure
- Follow up with: _____

Respiratory

- Oxygen Delivery RN/RT to Determine Titrant to maintain Oxygen saturation greater than 94%
- Pulse oximetry, continuous until TR band is discontinued and hemostasis is achieved and patient is awake and alert and oxygen saturation remains > 94 % then pulse oximetry per unit standard of care; Place on affected hand preferably on thumb or first finger

IV Fluids

Initials _____

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PROVIDER ORDERS

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

Laboratory

- MRSA/MSSA by PCR

Provider Signature: _____ Date: _____ Time: _____