

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

Cardiac Cath and/or Peripheral Angiography -Preprocedure
General

Version 2 10/26/15

- Cardiac Cath/PCI/Other TX (CVL)
Specific Procedure Requested (No abbreviations): Cardiac Catheterization and Angiography
Left,Right, or Both: _____
Reason for exam: _____
Service Date Requested: _____
Additional Instructions: _____
Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology
- Cardiac Cath/PCI/Other TX (CVL)
Specific Procedure Requested (No abbreviations): Cardiac Catheterization with possible Angioplasty and/or Stenting
Left,Right, or Both: _____
Reason for exam: _____
Service Date Requested: _____
Additional Instructions: _____
Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology
- Vascular Angiography (CVL)
Specific Procedure Requested (No abbreviations): Angiography of aorta, visceral and extremity vessels and Angioplasty if needed
Reason for exam: _____
Service Date Requested: _____
Additional Instructions: _____
Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology
- Miscellaneous CVL Procedure (CVL)
Specific Procedure Requested (No abbreviations): _____
Reason for exam: _____
Service Date Requested: _____
Additional Instructions: _____
Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology

Nursing Orders

- Education, cardiac catheterization and/or angiography
- Give all scheduled am medications except Glucophage and _____
- Hold enoxaparin (LOVENOX) or fondaparinux (ARIXTRA) or similar anti-thrombin drugs in am
- Hold heparin ON CALL from cath lab
- Surgical preparation, hair removal, clippers
 - bilateral groin
 - _____ wrist/ radial
 - _____ elbow/ brachial
- Glucose, blood, point-of-care measurement on arrival for all diabetic patients
- Notify provider :if capillary blood glucose is less than _____ mg/dL
- IF suspected severe allergic or anaphylactic reaction Initiate Anaphylaxis Treatment Protocol

Initials _____

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Diet

- Clear Liquid Diet
- NPO at

IV/ Line Insert and/or Maintain

- Saline lock with saline flush BID

Anesthetics: Local

lidocaine 1% injectable solution

- 0.5-2.0 milliliter intradermally as needed for IV insertion site comfort

IV Fluids

Sodium Chloride 0.9% IV

- 125 milliliter/hour Begin at _____ (time)

Dextrose 5% and 0.9% Sodium Chloride IV

- 125 milliliter/hour Begin at _____ (time)

Estimated GFR is less than 60:

Sodium Chloride 0.9% IV

- 100 milliliter/hour Begin 12 hours before procedure

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

- 300 milliliter/hour Begin 1 hour prior to procedure at 300 ml/hr X 1 hour, then decrease to 125ml/hr during procedure

- Consult to nephrology for IV fluid recommendations

Medications

Renal Protective Agents

acetylcysteine

- 1200 milligram orally 2 times a day starting 24 hours prior to procedure x 4 doses

Benzodiazepines

LORazepam (ATIVAN)

- 1 milligram orally after signing consent , 1 hour prior to procedure

**Hypersensitivity Prophylaxis Agents :For patients with a history of allergy to iodine, dye or contrast
SELECT ONE PREPROCEDURE OPTION**

Beginning 1 hour prior to procedure start time: Select all

methylPREDNISolone 125 mg solution for injection (SOLUMEDROL)

- 125 milligram intravenously once one hour prior to procedure
- diphenhydrAMINE (BENADRYL)
- 50 milligram intravenously once 1 hour prior to procedure

Beginning 13 hours prior to procedure start time: Select all

predniSONE

- 50 milligram orally 13, 7 and 1 hour prior to procedure
- diphenhydrAMINE (BENADRYL)
- 50 milligram orally once 1 hour prior to procedure

Beginning 3 days prior to procedure start time: Select all

predniSONE

- 10 milligram orally 2 times a day x 2 days. First dose 2 days prior to day of procedure
- predniSONE
- 50 milligram orally 1 hour prior to procedure
- diphenhydrAMINE (BENADRYL)
- 50 milligram orally once 1 hour prior to procedure

Initials_____

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Platelet Inhibitors

aspirin

- 325 milligram orally once on morning of procedure

clopidogrel (PLAVIX) (within 24 hours of fibrinolytic therapy)

- 300 milligram orally once loading dose

ticagrelor (BRILINTA)

- 180 milligram orally once loading dose

Laboratory

- Select the following labs if not done within 72 hours of procedure

Now or preprocedure Labs:

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- BASIC METABOLIC PANEL
- MAGNESIUM LEVEL, PLASMA
- TSH (THYROID STIM HORMONE)
- LIPID PROFILE
- PTT
- PT (PROTIME AND INR)

Radiology and Diagnostic Tests

ECG

- now Reason for exam: _____

Pacemaker Evaluation

- now Reason for exam: _____

XR Chest Single , portable,

- routine Reason for exam: _____

XR Chest PA and Lateral

- routine Reason for exam: _____

Provider Signature: _____ Date: _____ Time: _____