

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

Post Cardiac Intervention-PCI (Femoral)

Version 5 **

This order set is designed to be used for post cardiac catheterization with intervention. If interventions were not preformed, please use a Cardiac Cath Post procedure 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 HEART HEALTHY or _____

Nursing Orders

- Encourage oral fluids
- IF unable to void for more than 6 hours: Initiate Straight Cath/BVI Protocol

Notify provider

- IF bleeding at access site: Apply manual pressure for 30 minutes then apply Fem-stop if needed and follow Fem-stop guideline
- IF hematoma at access site: Apply manual pressure for 30 minutes or until reduced
- IF change in CMS to affected extremity
- IF hypotension: with systolic blood pressure less than 90mmHg place supine and give 250 mL Normal Saline, if ordered
- IF dyspnea: and O2 sat less than 94%, start nasal cannula O2 at 2-4 Lpm
- IF chest discomfort: Obtain 12 lead ECG
- IF post cath/PCI chest pain: Initiate Chest Pain Treatment Protocol (obtain 12 lead ECG and give nitroglycerin 0.4 mg SL)
- IF ECG changes

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 Femstop 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

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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

- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 94%
- Pulse oximetry, continuous until awake and alert and oxygen saturation remains > 94 % then pulse oximetry per unit standard of care

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

- For pain, antiemetic, and laxative medications please select the pain convenience order set
- DISCONTINUE ALL PRIOR ORDERS FOR:** aspirin, clopidogrel (PLAVIX), ticagrelor (BRILINTA), bivalirudin (ANGIOMAX), eptifibatide (INTEGRILIN), abciximab (REOPRO), heparin, enoxaparin (LOVENOX), fondaparinux (ARIXTRA), prasugrel (EFFIENT) ****FOLLOW NEW ORDERS BELOW ONLY****

Line Removal Analgesics: Opioids

fentaNYL

- 25 microgram intravenously once prior to line removal

Platelet Inhibitors: Salicylates

aspirin

- 81 milligram orally once a day
- 325 milligram orally once a day

Platelet Inhibitors: P2Y12 Receptor Inhibitors

clopidogrel (PLAVIX)

- 300 milligram orally once loading dose
- 75 milligram orally once a day maintenance dose

ticagrelor (BRILINTA)

- 180 milligram orally once loading dose
- 90 milligram orally 2 times a day maintenance dose

Anticoagulants: Direct Thrombin Inhibitors

bivalirudin (ANGIOMAX)

- continue until infusion complete

Platelet Inhibitors: Glycoprotein IIb/IIIa Receptor Inhibitors

Eptifibatide (INTEGRILIN)

Loading Dose:

- 180 microgram/kilogram IV push over 1 – 2 minutes (MAX bolus is 11.3 ml (22.6mg) for > 121kg
Give second loading dose 10 minutes after first dose using the dose calculated for the first loading dose

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Maintenance Dose:

- (0.75 mg/ml) at 2 microgram per kilogram per minute continuous intravenous infusion (MAX drip rate is 15 mg/hr = 20 ml/hr) Infuse for _____ hours

PATIENT WEIGHT (KG)	BOLUS VOLUME (2 mg/ml)	INFUSION RATE (0.75 mg/ml)
60-65	5.6 mL	10 mL/h
66-71	6.2	11
72-78	6.8	12
79-84	7.3	13
85-90	7.9	14
91-96	8.5	15

****If GFR < 50 mls/min****

- (0.75 mg/ml) at 1 microgram per kilogram per minute continuous infusion (MAX drip rate is 7.5 mg/hr)

PATIENT WEIGHT (KG)	BOLUS VOLUME (2 mg/ml)	INFUSION RATE (0.75 mg/ml)
60-65	5.6 mL	5 mL/h
66-71	6.2	5.5
72-78	6.8	6
79-84	7.3	6.5
85-90	7.9	7
91-96	8.5	7.5

****DO NOT administer through the same IV line as furosemide****

Unfractionated Heparin

Low Dose (Acute Coronary Syndrome) Heparin Weight Based Drip

Weight-based Heparin Infusion with loading dose (Select both)

- 60 unit/kilogram intravenously once loading dose (MAX 10,000 units) and initiate Low Dose Heparin Weight Based Protocol; (Pharmacy to adjust dosing weight as needed)
- 12 unit/kilogram per hour continuous intravenous infusion maintenance dose (MAX Infusion Rate 2,300 units per hour); titrate per low dose heparin weight based protocol (Pharmacy to adjust dosing weight as needed)

Weight-based Heparin Infusion NO loading dose

- 12 unit/kilogram per hour continuous intravenous infusion maintenance dose (MAX Infusion Rate 2,300 units per hour); titrate per low dose heparin weight based protocol (Pharmacy to adjust dosing weight as needed)

Standard Dose (PE/DVT) Heparin Weight Based Drip

Weight-based Heparin Infusion Protocol WITH loading dose (Select both)

- 80 unit/kilogram intravenously once loading dose (MAX 10,000 units) and initiate High Dose Heparin Weight Based Protocol; (Pharmacy to adjust dosing weight as needed)
- 18 unit/kilogram per hour continuous intravenous infusion maintenance dose (MAX Infusion Rate 2,300 units per hour); titrate per High Dose Heparin Weight Based Protocol(Pharmacy to adjust dosing weight as needed)

Weight-based Heparin Infusion Protocol WITHOUT loading dose

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- 18 unit/kilogram per hour continuous intravenous infusion maintenance dose and titrate per High Dose Heparin Weight Based Protocol(Pharmacy to adjust dosing weight as needed)

Non Weight Based Heparin Drip

heparin (porcine)-0.45% NaCl 25,000 unit/250 mL IV

- _____ unit/hour continuous intravenous infusion Discontinue @ _____ (time)

Angiotensin-Converting Enzyme Inhibitors

lisinopril (PRINIVIL)

- 2.5 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg
- 5 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg

ramipril (ALTACE)

- 2.5 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg
- 5 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg

Beta-Blockers

carvedilol (COREG)

- 6.25 milligram orally 2 times a day Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 bpm
- 12.5 milligram orally 2 times a day -Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 bpm

metoprolol tartrate (LOPRESSOR)

- 12.5 milligram orally 2 times a day -Hold for Systolic BP less than or equal to 100 mmHg or Heart Rate less than or equal to 50 bpm
- 25 milligram orally 2 times a day -Hold for Systolic BP less than or equal to 100 mmHg or Heart Rate less than or equal to 50 bpm

Statin Therapy

atorvastatin (LIPITOR)

- 40 milligram orally once a day, in the evening
- 80 milligram orally once a day, in the evening

Miscellaneous

- Other Medications: _____

Laboratory

Timed Labs:

Troponin-I

- timed at _____ (first draw time)
- timed at _____ (second draw time)

Morning Draw:

- CBC/AUTO DIFF
- CBC/ NO DIFF
- BASIC METABOLIC PANEL
- LIPID PROFILE

Diagnostic Tests

ECG

- stat immediately following procedure; Reason for exam: _____
- routine in AM; Reason for exam: _____

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ECHO, Transthoracic Limited

stat ICD 9 Indications: _____ Area of Focus: _____

_____ Additional Instructions: _____

routine ICD 9 Indications: _____ Area of Focus: _____

_____ Additional Instructions: _____

Consult Provider

- Provider to provider notification preferred.
 - Consult other provider _____ regarding _____
Does nursing need to contact consulted provider? [] Yes [] No
 - Consult Hospitalist regarding _____
Does nursing need to contact consulted provider? [] Yes [] No

Consult Department

- All patients should be offered and given advice about a cardiac rehabilitation program
Consult Cardiac Rehab
 - outpatient cardiac rehab to start _____
 - Consult Dietitian Reason for consult: heart healthy diet teaching or _____
 - Consult Diabetes Educator Reason for consult: glucose intolerance

Provider Signature: _____ Date: _____ Time: _____