Cardiac Cath and/or Peripheral Angiography - Preprocedure

General

☐ 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

☐ Initiate Chest Pain Treatment Protocol

☐ IF suspected severe allergic or anaphylactic reaction Initiate Anaphylaxis Treatment Protocol

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 page 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

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_________
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

Platelet Inhibitors
- aspirin
  - 325 milligram orally once on morning of procedure
- clopidogrel (PLAVIX) (within 24 hours of fibrinolytic therapy)
- 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: ____________
- XR Chest Single, portable,
  - routine Reason for exam: __________________________
- XR Chest PA and Lateral
  - routine Reason for exam: _______________