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
- IF suspected severe allergic or anaphylactic reaction: Initiate Anaphylaxis Treatment Protocol

Initials________________
Patient Name: ___________________________

**Order Set Directions:**
- (✓) Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- Initial each page and Sign/Date/Time last page

### PROVIDER ORDERS

#### 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___________
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: __________