

✓	CARDIAC CATHETERIZATION PRE PROCEDURE ORDERS	ROOM NO. _____
ALLERGIES: _____		HT _____ (Cm) WT _____ (Kg)
<p>A <input checked="" type="checkbox"/> indicates a selected order. If a defaulted order is not appropriate, draw a line through the order.</p> <p>Catheterization/PCI Consent (✓ check all that apply):</p> <p>Sedation: <input checked="" type="checkbox"/> Moderate sedation and analgesia</p> <p>Procedure (Choose appropriate): <input type="checkbox"/> Left and/or <input type="checkbox"/> Right Heart Catheterization with: <input type="checkbox"/> Coronary and/or <input type="checkbox"/> Bypass Graft Angiograms, <input type="checkbox"/> possible Left Ventriculogram, and <input type="checkbox"/> possible Percutaneous Coronary Intervention by _____ M.D. <input type="checkbox"/> Other _____ by: _____ M.D.</p> <p>Diagnosis: _____</p> <p>Code Status: For DNAR status complete separate DNAR Physician Orderset _____</p> <p>Isolation (check all that apply): <input type="checkbox"/> Airborne precautions <input type="checkbox"/> Contact precautions <input type="checkbox"/> Droplet precautions</p> <p>Nursing: <input checked="" type="checkbox"/> Skin clip and prep _____ (location). (Outpatient only) <input checked="" type="checkbox"/> Provide pre-procedural education <input checked="" type="checkbox"/> Have patient void on-call to procedure <input checked="" type="checkbox"/> If patient is diabetic, check capillary blood glucose upon arrival to Pre-Op Department <input type="checkbox"/> Other: _____</p> <p>Nutrition: <input checked="" type="checkbox"/> NPO <input type="checkbox"/> after midnight <input type="checkbox"/> 6 hours pre-procedure <input type="checkbox"/> except PO meds</p> <p>Procedures: <input type="checkbox"/> 12-lead EKG at _____ to be done at _____; Reason for exam: _____ <input type="checkbox"/> CXR (1 view) Portable at _____; Reason for exam: _____</p> <p>LAB: <input type="checkbox"/> Pre-procedural labs to be done at _____ including: <input type="checkbox"/> BMP <input type="checkbox"/> CBC <input type="checkbox"/> HCGS <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Hepatic Function Panel <input type="checkbox"/> APTT <input type="checkbox"/> PT</p> <p>IV Fluids: <input type="checkbox"/> _____ to run at _____ mL/hour. Start at _____ <input type="checkbox"/> Saline lock, flush per protocol.</p> <p>12-hour Chart Check _____ RN DATE: ____ / ____ / ____ TIME: _____</p> <p>T.O. _____ Taken by: _____ / ____ / ____, TIME: _____</p> <p>TRANSCRIBED BY: _____ / ____ / ____, TIME: _____ NOTED BY: _____ / ____ / ____, TIME: _____</p> <p>PHYSICIAN SIGNATURE: _____ DATE: _____ TIME: _____</p> <p>PRINTED NAME/ID#: _____ (COUNTER-SIGN ALL T.O. ORDERS WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)</p>		



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PAGE 1 OF 2

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ALLERGIES:		HT _____ (Cm) WT _____ (Kg)
Medications:		
Pre-Procedure:		
<input checked="" type="checkbox"/> If patient is on Metformin, stop medication 24 hours before procedure. Physician to reorder post procedure. <input type="checkbox"/> Give <u>all</u> medications the day of the procedure except the following: _____		
Medications on-call to Cath Lab (after all consents signed):		
<input type="checkbox"/> Diazepam (Valium) _____ mg PO X 1 on-call to Cath lab, or <input type="checkbox"/> Lorazepam (Ativan) _____ mg PO X 1 on-call to Cath lab <input type="checkbox"/> Diphenhydramine (Benadryl) _____ mg PO X 1 on-call to Cath lab <input type="checkbox"/> Lidocaine 4% cream (LMX-4) apply 2.5 Gm topically X 1 one hour prior to procedure to right / left <input type="checkbox"/> Brachial Artery <input type="checkbox"/> Radial Artery		
Other Medication:		
<input type="checkbox"/> Acetylcysteine (Mucomyst) 600 mg solution PO Q 12 hours X 4 doses. Give first dose _____		
Additional Orders:		
<input type="checkbox"/> _____ <input type="checkbox"/> _____		
DRAFT		
12-hour Chart Check _____ RN DATE: ____ / ____ / ____ TIME: _____		
T.O. _____ Taken by: _____ / ____ / ____, TIME: _____		
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PAGE 2 OF 2**

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