CARDIO PRE CARDIAC/PERIPHERAL CATH PLAN

Patient Label Here

PHYSICIAN ORDERS				
	Diagnosis			
Weight	Allergies			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS Admit/Discharge/Francier			
	Admit/Discharge/Transfer Request for Outpatient Services (Request Cardiac Outpatient Services) Location: Cath Lab			
	Condition/Status			
	If this patient is an OUTPATIENT, you MUST place the Code Status order below:			
	Code Status Code Status: Full Code Code Status: DNR/AND (Allow Natural Death) Code Status: Care Limitation			
	Cath Lab Procedure ☐ T;N, Routine, Right Heart Cath ☐ T;N, Routine, Left Heart Cath ☐ T;N, Routine, Right and Left Heart Cath ☐ T;N, Routine, Peripheral Angiogram ☐ Other Procedure ☐ T;N, Routine, Peripheral Angiogram			
	Patient Care			
	Continuous Pulse Oximetry			
	Continuous Telemetry (Intermediate Care)			
	Palpate and Mark Pulse Sites Bilateral Femoral Bilateral Pedal			
	Weigh Patient One Time Order ☐ Record weight and height in the chart			
	Patient Activity ☐ Up Ad Lib/Activity as Tolerated			
	Betadine 10% Nasal Antiseptic Swab ONE TIME, Swab Bilateral Nares 1 hour before procedure			
	Insert Urinary Catheter ☐ To: Dependent Drainage Bag, Reason for Insertion: Selected surgical procedures, if patient unable to void prior to pre-medicating			
	POC by Nursing			
	POC ACT ☐ T;N			
	POC Blood Sugar Check ☐ T;N			
	POC Chem 8 ☐ T;N			
	POC Hemoglobin and Hematocrit ☐ T;N			
	POC PT with INR T;N			
	Communication			
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Order Take	n by Signature: Date Time			

Physician Signature:

CARDIO PRE CARDIAC/PERIPHERAL CATH PLAN

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	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS		
	Notify Provider (Misc) Reason: dye allergies		
	If patient is allergic to dye, please order Contrast Allergy PreMedication Protocol.		
	Notify Provider (Misc) Reason: if H&P is not on the chart		
	Notify Provider (Misc) T;N, Reason: report last dose of anticoagulant, antiplatelet, and/or insulin.		
	Notify Provider (Misc) ☐ Reason: of creatinine greater than 2.0 mg/dL		
	Notify Provider (Misc) Reason: of INR greater than 1.5		
	Pre-Op Patient ☐ Pre-Op for Cath, Clip hair bilateral groin area.		
	Notify Provider/Primary Team of Pt Admit ☐ Notify: Outpatient CV Fellow/TTU Provider, Now		
	Notify Provider/Primary Team of Pt Admit ☐ Now		
	Instruct Patient Instruct Patient On: Other Take the following medications the morning of procedure, with a sip of water, Please take:		
	Obtain Consent Consent for: Coronary Angiogram with possible angioplasty and stent(s)		
	Obtain Consent Consent for: Peripheral Arteriogram with possible angioplasty and stent(s)		
	Obtain Consent Consent for: Angiography (Aortography, Arteriography or Venography) with possible angioplasty and stent(s)		
	Obtain Consent Consent for: Right heart catheterization		
	Obtain Consent ☐ Consent for: Carotid Angiogram		
	Obtain Consent ☐ Consent for: Carotid Stenting		
	Obtain Consent Consent for: Inferior Vena Cava Filter Insertion and/or Removal		
	Obtain Consent		
	IV Solutions		
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Order Take	n by Signature: Date Time	_	
Physician S	Signature: Date Time		

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	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	NS ☐ IV, 50 mL/hr ☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	☐ IV, 75 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr		
	1/2 NS ☐ IV, 50 mL/hr ☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	☐ IV, 75 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr		
	D5 1/2 NS ☐ IV, 50 mL/hr ☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	☐ IV, 75 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr		
	Medications	al della desa Mara ded		
	Medication sentences are per dose. You will need to calculate a tot acetylcysteine (acetylcysteine (Mucomyst) 600 mg oral capsule) ☐ 600 mg, PO, cap, ONE TIME	al dally dose if needed.		
	Laboratory IF NO RESULTS PAST 72 HOURS OR ABNORMAL RESULTS CALL P	DOVIDED		
	Click to review cardiac labs	ROVIDER		
	Anti Xa Level STAT, T;N			
	Basic Metabolic Panel (BMP) ☐ STAT, T;N			
	Brain Natriuretic Peptide (proBNP) ☐ STAT, T;N			
	CBC ☐ STAT, T;N			
	Comprehensive Metabolic Panel STAT, T;N			
	Digoxin Level ☐ STAT, T;N			
	Hemoglobin A1C ☐ STAT, T;N			
	Lipid Panel ☐ STAT, T;N			
	Magnesium Level STAT, T;N			
	Prothrombin Time with INR ☐ STAT, T;N			
	PTT ☐ STAT, T;N			
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	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER			
	T4 Free STAT, T;N		
	TSH ☐ STAT, T;N		
	Urinalysis ☐ Urine, STAT, T;N		
	Urine Random Drug Screen ☐ Urine, STAT, T;N		
	ALL FEMALES OF CHILD BEARING YEARS UNLESS STERILE OR KNOWN PREGNANCY		
	POC Urine Pregnancy ☐ T;N, STAT		
	Beta HCG Serum Qualitative (Qualitative Beta HCG Serum) □ STAT, T;N		
	Urine Beta hCG ☐ Urine, STAT, T;N		
	Diagnostic Tests		
	EKG-12 Lead ☐ T;N, STAT, Pre-Op exam		
	Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTE) with contrast if needed)		
	Limited Echo Transthoracic (Limited TTE) □ STAT		
	Consults/Referrals		
	Consult MD Service: Anesthesiology, Reason: Pre-Op Cardiac/Peripheral Catheterization Procedure, Immediately		
	Additional Orders		
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	ры	YSICIAN ORDERS	
			der detail bey(es) where applies ble
ORDER	Place an "X" in the Orders column to designate orders of cho	ice AND an "x" in the specific or	der detail box(es) where applicable.
UKDEK	ORDER DETAILS Laboratory		
	BB Blood Type (ABO/Rh) Routine Outpatient/PACU, T;N, Vendor Bill No		
	BB Antibody Screen Routine Outpatient/PACU, T;N, Vendor Bill No		
	BB Clot to Hold ☐ Routine Outpatient/PACU, T;N, Vendor Bill No		
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	Signature:	Date	Time

CONTRAST ALLERGY PREMEDICATION PROTOCOL

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ER ORDER DETAILS			
	Patient Care			
	Premedication Regimen to Reduce Contrast (Premedication Regimen to Reduce Contrast Reactions Protocol) T;N, ***See Reference Text***			
	Medications			
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. Accelerated Premedication:			
	Select methylprednisolone and ONE diphenhydramine.			
	methylPREDNISolone ☐ 40 mg, IVPush, inj, q4h, x 24 hr, Solu-Medrol To be given every 4 hours until contrast study completed. Premedication for contrast allergy.			
	Diphenhydramine to be given 1 hour before study with contrast, if possible. If study to be done in less than one hour, diphenhydramine will be given now.			
	Select the following diphenhydramine if study is to be done in MORE than one hour.			
	diphenhydrAMINE ☐ 50 mg, IVPush, inj, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.			
	Select the following diphenhydramine if study is to be done in LESS than one hour.			
	diphenhydrAMINE 50 mg, IVPush, inj, ONE TIME Premedication for contrast allergy.			
	Oral Elective Premedication: To be given 13 hours before study with contrast. predniSONE 50 mg, PO, tab, Pre Med, x 24 hr To be given 13 hours before study with contrast. Premedication for contrast allergy.			
	To be given 7 hours before study with contrast.			
	predniSONE □ 50 mg, PO, tab, Pre Med, x 24 hr To be given 7 hours before study with contrast. Premedication for contrast allergy.			
	To be given 1 hour before study with contrast.			
	predniSONE ☐ 50 mg, PO, tab, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.			
	diphenhydrAMINE 50 mg, PO, cap, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.			
	IV Elective Premedication: (if unable to take oral medications)			
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CONTRAST ALLERGY PREMEDICATION PROTOCOL

	PHYSICIAN ORDERS				
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ORDER	R ORDER DETAILS				
	To be given 13 hours before study with contrast. methylPREDNISolone				
	☐ 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 13 hours before study with contrast. Premedication for contrast allergy.				
	To be given 7 hours before study with contrast.				
	methylPREDNISolone ☐ 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 7 hours before study with contrast. Premedication for contrast allergy.				
	To be given 1 hour before study with contrast.				
	methylPREDNISolone 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 1 hour before study with contrast. Premedication for contrast allergy.				
	diphenhydrAMINE 50 mg, IVPush, inj, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contra	ast allergy.			
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Order Take	en by Signature:	Date	Time		
Physician S	Signature:	Date	Time		