Date: ____________________________________________

1. Allergies:  □ NKDA □ Allergic to: ________________________________

2. Admit to:  □ Cardiac Outpatient Surgery □ Observation: Nursing Unit _______________________________

3. Attending Physician: ________________________________  Resident/Fellow ________________________________

4. Diagnosis: ________________________________

5. Co-Morbidities: ________________________________

6. Code Status:  □ Full Code □ DNR/DNI □ Comfort Care □ Other ________________________________

7. Condition:  □ Stable □ Fair □ Serious □ Critical ________________________________

General Orders:
1. Notify Dr. ________________________________ of admission(or PA/NP if applicable)
2. Obtain H&P and place on chart. Notify physician if H&P not on chart or not dictated
3. Weigh patient, record height and weight on chart
4. Notify Cardiologist of dye allergies
5. Check and mark pulses
6. Complete pre-cath checklist
7. Skin prep according to site of procedure:
   □ Femoral □ Brachial □ Subclavian □ Other ________________________________
8. Have patient void prior to pre-medicating □ Foley catheter PRN for inability to void

Ensure that consents for procedure are on chart for:
   □ Left Heart Catheterization and coronary angiography
   □ Right Heart Cath
   □ PTCA/Coronary Stent
   □ Permanent Pacemaker
   □ Possible emergency coronary artery bypass surgery
   □ Arch and Carotid
   □ Abdominals with run offs
   □ Renal
   □ Other ________________________________

Routine Pre-Procedure Teaching
   □ Pre-Cath/Pre-intervention teaching as appropriate
   □ Obtain lab from physician’s office

Diagnostic Tests:
   □ Basic Metabolic Panel, CBC, PT, PTT, FT4, or place results on chart if within 72 hours (CALL ABNORMAL RESULTS)
   □ Thyroid Panel
   □ HCG: □ Serum □ Urine (all females of child bearing years unless sterile or known pregnancy)
   □ Urinalysis
   □ EKG within 24 hours for inpatient, within 1 week for outpatient
   □ Other ________________________________

□ TO □ Read back
Order taken by Signature: ________________________________ Date/Time: ________________________________
Physician Signature ________________________________ Date/Time ________________________________
Diet:
NPO after midnight except for medication with small amount of water.
When diet resumed: Controlled Fat Diet, ADA if diabetic

Activity:
Up Ad Lib unless otherwise ordered

Medications:
1. List patient’s home medications for physician to review later.
   If taking Coumadin or insulin, please check with physician

2. Hold Glucophage, Glucovance, Avandamet, Metaglip, Fortamet, and Riomet and continue to hold two days after cath

3. Patients with dye allergy who are not on oral prednisone give Solu-Medrol 125mg IV push and Benadryl (diphenhydramine) 50 mg IV push x1(one) dose and Pepcid mg IV push x1 (one) dose

4. If BUN/Creatinine 1.4 or greater give Mucomyst 600 mg PO and again 2 hours post cath

5. If creatinine greater than 2.0, notify physician as soon as possible

Pre-op:
IV: If no fluids infusing, start IV and fluids. (Prefer left arm)
   □ 0.9% Sodium Chloride
   □ 0.45% Sodium Chloride
   □ Dextrose 5% / 0.45% Sodium Chloride

Pre-Op Medications:
   □ Diphenhydramine (Benadryl) 50 mg now IV or PO
   □ Diphenhydramine (Benadryl) 50 mg IV ON CALL
   □ Methylprednisolone (Solu-Medrol) 125 mg IV ON CALL
   □ Meperidine (Demerol) __________ mg IV ON CALL
   □ Diazepam (Valium) 5 mg PO ON CALL
   □ Diazepam (Valium) 10 mg PO ON CALL
   □ Other: ___________________________________________________________________________________________

Patient Counseling:
   □ Pre and Post Procedure Teaching
   □ Other: ___________________________________________________________________________________________

   _______________________________________________________________________________________________