



**NO MEDICATION ABBREVIATIONS
UNAPPROVED ABBREVIATIONS**

U, IU, QD, or qd, QOD or qod, qn, ug, BT, > or <, 5.0mg (use 5mg), .5mg (use 0.5mg)

Height:	Weight:
Allergies:	

DATE/ TIME	MEDICATION, DIET, TREATMENT, LAB ORDERS
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	<input type="checkbox"/> Outpatient Heart Cath 1. Sign consent for: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> with Possible PCI 2. Old charts to accompany patient to cath lab 3. If patient had previous coronary bypass surgery, please obtain previous bypass surgery report. 4. Clip both groin areas. 5. Notify physician if patient has iodine/shellfish allergy. a. Benadryl 25mg IV x one dose b. Solumedrol 125mg IV x one dose c. Pepcid 20mg IV x one dose 6. IV: 0.9% saline at 100cc/hr 7. <input type="checkbox"/> Chest x-ray, PA & Lat 8. <input type="checkbox"/> EKG (if not done within 4 weeks, unless has had chest pain since last EKG) 9. Lab: (to be drawn if one has not been done within 1 week that is normal) <input type="checkbox"/> CBC <input type="checkbox"/> PT/INR <input type="checkbox"/> PTT <input type="checkbox"/> CMP <input type="checkbox"/> Lipid Profile <input type="checkbox"/> TSH <input type="checkbox"/> T4 <input type="checkbox"/> UA <input type="checkbox"/> Serum Pregnancy test for women of potential child bearing age of 45 or less. 10. Call if BUN greater than 50, Cr greater than 1.4, PTT greater than 40, INR greater than 2, K+ less than 3 11. If K+ 3-3.5, give KCL 40meq tab po q 6hrs x 2 doses. OK to give one dose with AM cardiac meds. 12. If morning case, NPO after midnight except meds. If afternoon case, patient may have light breakfast and clear liquids permitted and encouraged until 2 hrs prior to procedure. 13. Routine Vital signs 14. Activity: up ad lib 15. If patient has been on Coumadin, hold dose prior to planned catheterization. Obtain PT/INR at 0600. If on LMWH continue as scheduled. Document last dose on front of chart. 16. Pre-cath: a. Scheduled for Cath at: _____ b. Complete Cath check list c. On call to Cath Lab give: (check box to activate) <input type="checkbox"/> Valium 10mg po x 1 (give one hr prior to cath) <input type="checkbox"/> Benadryl 25mg po x 1 (give one hr prior to cath) [unless patient has contrast allergy, then see #5 <input type="checkbox"/> Pepcid 20mg po x 1 (give one hr prior to cath) [unless pt has contrast allergy, then see #5 above] <input type="checkbox"/> Tylenol #3, two po x 1 <input type="checkbox"/> Plavix 300mg po _____(time) <input type="checkbox"/> Prednisone 60mg po q 8hrs x 3 doses <input type="checkbox"/> ASA 325mg po x 1
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Valid for 2007

**PRE-CATHETERIZATION ORDERS
PAGE 1 OF 2**

PATIENT STICKER

PHYSICIAN ORDERS



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- 17. Record height and weight.
- 18. Have patient void prior to procedure.
- 19. For a Diabetic Patient:
 - a. Patient to bring own insulin into hospital. Start IV of D5 ½ NS @ 100cc/hr, then give ½ of usual insulin dose pre-cath and ½ of dose post cath.
 - b. If taking Glucophage/Glucovance: HOLD starting the day before the catheterization and do not resume until 48 hours after the catheterization.
 - c. If taking oral anti-diabetic pills; take them in the morning of the catheterization
- 20. Nephro protection orders
 (Use for all diabetics or pts with Creatinine greater than 1.4 or discretion of MD)
 - IV: 0.9% Normal Saline _____cc/hr for _____ hrs.
 - Mucomyst 600mg po q 6hrs x _____ dose including 1 dose post cath.
 - Notify cath lab of nephroprotective protocol

Physician Signature: _____ Date: _____

Valid for 2007

Single Orders & Pre-Operatives

Number of Forms in Use

Ord Date Initials	MEDICATION –DOSAGE-FREQUENCY – RT OF ADM	TO BE GIVEN		NURSE INITIAL	Ord Date Initials	MEDICATION –DOSAGE-FREQUENCY – RT OF ADM	TO BE GIVEN		NURSE INITIALS
		DATE	TIME				DATE	TIME	
	Age 65 or older and eligible to receive pneumococcal vaccine on day of discharge Lot: _____ Expiration: _____					Valium 10mg po x 1			
						Tylenol #3, two po x 1			
						Plavix 300mg po _____			
	Age 50 or older and eligible to receive influenza vaccine on day of discharge. (October–February) Lot: _____ Expiration: _____					ASA 325mg po x 1			
						Prednisone 60mg po q 8hrs x 3 doses			
	If no contrast allergy give 1hr prior to cath:	X	X	X					
	Benadryl 25mg po x 1								
	Pepcid 20mg po x 1								

PRN Medications

Ord Date Initials	Exp Date Time	MEDICATION –DOSAGE-FREQUENCY – RT OF ADM	Date	Time	Site	Initial	Scale	Reassess Time	Scale	Initial	Date	Time	Site	Initial	Scale	Reassess Time	Scale	Initial	Date	Time	Site	Initial	Scale	Reassess Time	Scale	Initial
		NS flush before and after IV meds PRN.																								

REASSESSMENT GUIDELINES

- 15-30 minutes after IV analgesic
- 30-60 minutes after IM analgesic
- 60-90 minutes after PO analgesic
- 30-60 minutes after rectal analgesic
- 90-180 minutes after controlled release analgesic

**FAITH REGIONAL HEALTH SERVICES
PRE-CATHETERIZATION
MAR / PRN**

PATIENT STICKER

