


**PHYSICIAN'S ORDER SHEET  
POST-CORONARY ANGIOGRAM PROCEDURE**

*These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.*

**Automatically Activate, if not in agreement, cross out and initial**  **Activated by Checking Box**

ALL MEDICATION and INTRAVENOUS ORDERS				GENERAL ORDERS			
ORDER #	DATE	TIME		ORDER #	DATE	TIME	
<p><b>Intravenous: May need to be adjusted for CHF class 3-4</b></p> <ul style="list-style-type: none"> <li>■ 1. Maintain IV normal saline @ 100 ml/h x 3 hours then TKO when tolerating fluids. <b>OR</b></li> <li>■ 2. If serum creatinine is <math>\geq 140</math> umol/L or Creatinine Clearance &lt; 60 ml/min continue sodium bicarbonate IV @ 1 ml/kg/hr (___ml/hr) x ___ hrs.</li> </ul> <p><b>Medications:</b></p> <ul style="list-style-type: none"> <li>■ 3. If serum creatinine <math>\geq 140</math> umol/L or Creatinine Clearance &lt; 60 ml/min give N-acetylcysteine 600 mg po bid procedure day.</li> <li>■ 4. May resume pre-procedure medications. Day patients may use own medications.</li> <li>■ 5. Acetaminophen 325mg 1 - 2 tabs po q4h prn for pain x 24 hours. <b>OR</b></li> <li>■ 6. Acetaminophen with codeine 30mg 1 - 2 tabs po q4h prn for pain x 24 hours.</li> <li>■ 7. Lorazepam 0.5 - 1 mg po q6h prn x 24 hours.</li> <li>■ 8. Metoclopramide 5 - 10mg IV q6h prn for nausea x 24 hours.</li> <li><input type="checkbox"/> 9. Dimenhydrinate 25 - 50mg IV q4h prn for nausea x 24 hours.</li> <li>■ 10. If diabetic: <b>NOTE: Hold Metformin x 48 hours.</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Restart oral antidiabetic agent post-procedure if blood sugar within acceptable range (5-18mmol/L).</li> <li><input type="checkbox"/> If baseline creatinine normal pre-procedure, restart Metformin @ 48 hours.</li> <li><input type="checkbox"/> If creatinine levels are elevated, the use of Metformin should be reassessed by referring physician.</li> </ul> </li> <li>■ 11. If on Warfarin pre-procedure, restart usual dose/schedule 4h after ambulation if no bleeding or hematoma unless instructed otherwise.</li> </ul>				<ul style="list-style-type: none"> <li>■ 1. Complete bedrest x ___ hours post hemostasis with affected limb straight. May be up at _____ hour, if no hematoma or bleeding. - If Radial approach used, please see Physician specific orders.</li> <li>■ 2. If bleeding from puncture site, apply direct pressure for 10 minutes or until bleeding stops. <b>NOTE: Bedrest x 3 hours post bleed.</b></li> <li>■ 3. Activity as tolerated post-bedrest if site stable.</li> <li>■ 4. Upon arrival to patient care unit, assess groin puncture site, vital signs, and CWCM of affected limb.  q 15 min x 2 q 30 min x 2 q 1hr x 2 then with; routine vital signs as ordered and prn.</li> <li>■ 5. If diabetic, check blood sugar by glucometer on return to patient care unit.</li> <li>■ 6. If baseline creatinine elevated, repeat serum creatinine 48-96 hours post-procedure.</li> <li>■ 7. Resume previous diet orders as tolerated. <b>Encourage</b> fluids unless contraindicated.</li> <li>■ 8. Straight catheterization prn for inability to void.</li> <li>■ 9. Discontinue IV when vital signs and puncture site are stable, patient voided, diet and activity tolerated, unless otherwise ordered.</li> <li>■ 10. Day patients may be discharged after 1 hour of ambulation if vital signs and puncture site are stable unless otherwise ordered.</li> <li>■ 11. For day patients, confirm follow-up appointment made with referring physician.</li> <li>■ 12. Ensure discharge patient information sheet reviewed with patient prior to discharge.</li> </ul>			
<p><b>PHYSICIAN'S SIGNATURE</b> (GENERIC EQUIVALENT AUTHORIZED) </p>				<p>M.D.</p>			
<p>FAX SENT <input type="checkbox"/> DATE _____ TIME _____</p>							

If patient has renal insufficiency, suggest:

Serum Creatinine > 140 umol/L or Creatinine Clearance < 60 ml/min

1. Encourage oral fluids day prior to procedure.
2. N-acetylcysteine 600 mg po bid day prior and procedure day.
3. Pre-hydration sodium bicarbonate solution:  
**Mixture for sodium bicarbonate solution:**  
- Add three (3) 50 ml amps (150 ml) 8.4% Sodium Bicarbonate (1 mEq/ml) to a 1000ml bag 5% D/W.
4. Suggest repeat serum creatinine 48 hours post procedure. If elevated from baseline, repeat serum creatinine in one week.

Suggested allergy protocol:

Prednisone 50 mg PO

Ranitidine 150 mg PO

Diphenhydramine 25 mg PO



to be given @ 1800 hours with food evening before and in AM pre-procedure