

**PHYSICIAN'S ORDER SHEET
PRE-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 Activated

Activated by Checking Box

ALL MEDICATION and INTRAVENOUS ORDERS				GENERAL ORDERS			
ORDER #	DATE	TIME		ORDER #	DATE	TIME	
<p>Intravenous: May need to be adjusted for CHF class 3-4</p> <ul style="list-style-type: none"> ■ 1. Establish IV normal saline @ 100 ml/h x 1-2 h prior to procedure or @ time of transfer to Cath Lab <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ■ 2. If serum creatinine is ≥ 140 umol/L or Creatinine Clearance is < 60 ml/min follow sodium bicarbonate pre-hydration IV orders: <p>NOTE: For patient weighing > 110kg use maximum dose weight of 110kg for bolus & infusion calculations. (see reverse for mixture)</p> <p>Bolus: - start bicarbonate IV solution @ 3ml/kg/hr (____ml/h) x 1 hour pre-procedure</p> <p>Infusion: - after first hour run bicarbonate IV solution @ 1 ml/kg/hr (____ml/hr) x 6 hours</p> <p>Medications:</p> <ul style="list-style-type: none"> ■ 3. If serum creatinine ≥ 140 umol/L or Creatinine Clearance is < 60 ml/min give N-acetylcysteine 600 mg PO BID day prior to procedure and procedure day. ■ 4. Give usual medications with a small amount of water unless otherwise ordered. May use patients own meds. NOTE: If patient is stable hold diuretics in a.m. pre-procedure. ■ 5. If patient is using nitroglycerin SL, send nitroglycerin SL with patient to Cath Lab. ■ 6. EMLA cream to right groin insertion site 30-60 min pre-procedure. ■ 7. Ensure ASA given pre-procedure if no allergy. Dose ASA ____mg PO. If allergy or contraindication to ASA and patient not on other antiplatelet contact the Cath Lab. ■ 8. Hold metformin in am of procedure and x 48 hours. 				<ul style="list-style-type: none"> ■ 1. Record height and recent weight on chart. ■ 2. Current history and physical documented on chart. ■ 3. Send previous CABG, PTCA/Stent and angiogram report(s) to Cath Lab. NOTE: Procedure may be canceled if reports are not available. ■ 4. Copy of Diagnostic tests eg) GXT, echo, MIBI, MRI, CT angiogram to Cath Lab. ■ 5. If a previous "severe" reaction to x-ray dye, (eg. airway compromise, hypotension, or severe hives) see contrast allergy protocol on reverse. ■ 6. NPO after midnight, except for medication to be taken with a small amount of water. (If procedure scheduled after 1200 hrs - NPO after early breakfast). ■ 7. Activity as tolerated. ■ 8. Baseline vital signs. ■ 9. EKG: <ul style="list-style-type: none"> <input type="checkbox"/> Inpatients: within 1 week pre-procedure, or after any change in cardiac status. <input type="checkbox"/> Outpatients: within 12 weeks ■ 10. CBC, INR, PTT, Na, K, Cl, glucose, urea, creatinine, Creatinine Clearance. <ul style="list-style-type: none"> <input type="checkbox"/> Inpatients: within 1 week <input type="checkbox"/> Outpatients: within 12 weeks NOTE: If abnormal lab results, recheck within 24 hrs pre-procedure. ■ 11. NOTE: If on anticoagulants, bloodwork on the day prior to the procedure. Ensure $INR \leq 1.7$ ■ 12. If on diuretics and potassium abnormal, recheck electrolytes within 24 hours pre-procedure. ■ 13. If diabetic, check glucose by glucometer in the a.m. pre-procedure. If blood sugar is < 5 or > 18 mmol/L, notify Cath Lab ■ 14. Clip hair from right groin in a 15 cm diameter in a.m. pre-procedure. ■ 15. Ensure patient voids prior to transfer to Cath Lab. ■ 16. Leave hearing aids, dentures and glasses in place with patient. 			
<p>PHYSICIAN'S SIGNATURE (GENERIC EQUIVALENT AUTHORIZED) _____ M.D.</p>							
<p>FAX SENT <input type="checkbox"/> DATE _____ TIME _____</p>							

If patient has renal insufficiency, suggest:

Serum Creatinine \geq 140 μ mol/L or Creatinine Clearance is $<$ 60 ml/min
(cockcroft-gault equation)

1. Encourage oral fluids day prior to procedure.
2. N-acetylcysteine 600 mg po bid day prior and procedure day.
3. Pre-hydrate with 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

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<p><input type="checkbox"/> 9. If on insulin: In the evening prior to procedure: administer</p> <p>_____ u SC _____ u SC</p> <p>(Suggested schedule: ½ the usual dose of long-acting or mixed insulins, and full dose of short acting insulin)</p> <p><input type="checkbox"/> In a.m. pre-procedure: <u>After</u> the IV is established and the glucometer check is done, administer:</p> <p>_____ u SC _____ u SC</p> <p>Suggested schedule: give ½ the usual total morning Insulin dose. (acceptable blood glucose level 5 - 18 mmol/L).</p> <p><input checked="" type="checkbox"/> NOTE: If procedure delayed past 1000 hrs: - check blood sugar q2h</p> <p><input type="checkbox"/> 10. If on Warfarin, hold 4 days pre-procedure. last dose: <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> D D M M Y Y</p> <p>NOTE: If high risk patient (eg. prosthetic heart valves), consider heparin infusion or low molecular weight heparin (LMWH).</p> <p><input checked="" type="checkbox"/> 11. If on IV Heparin: hold 2 hours pre-procedure. NOTE: If patient has had recent chest pain (within 6 hours), continue heparin and notify Cath Lab</p> <p><input checked="" type="checkbox"/> 12. If on Low Molecular Weight heparin or Fondaparinux - hold in a.m. pre-procedure.</p>							
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