

**PHYSICIAN'S ORDER SHEET
PRE-CORONARY ANGIOPLASTY/
STENT 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 @ 100ml/h x 1-2h prior to procedure. OR ■ 2. If serum creatinine is $\geq 140\mu\text{mol/L}$ or Creatinine Clearance is $< 60\text{ ml/min}$ follow pre-hydration IV orders: <p>NOTE: for patients weighing $> 110\text{kg}$ use maximum dose weight of 110kg for bolus & infusion calculations. (see reverse for mixture)</p> <p>Bolus:</p> <ul style="list-style-type: none"> - start bicarbonate IV solution @ 3ml/kg/hr (____ml/h) x at least 1 hour pre-procedure. <p>Infusion:</p> <ul style="list-style-type: none"> - after first hour run bicarbonate IV solution @ 1ml/kg/hr (____ml/hr) x 6 hours. <p>Medications:</p> <ul style="list-style-type: none"> ■ 3. If serum creatinine $\geq 140\text{ umol/L}$ or Creatinine Clearance $< 60\text{ml/min}$ 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 patient's own meds. <p>NOTE: If patient is stable hold diuretics in a.m. pre-procedure.</p> <ul style="list-style-type: none"> ■ 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 ____mg po x 1 given pre-procedure if no allergy. If allergy or contraindication to ASA and patient not on other antiplatelet contact the Cath Lab. ■ 8. Planned PTCA/stents: <ul style="list-style-type: none"> <input type="checkbox"/> Pt on (clopidogrel 75mg po OD No load needed) <input type="checkbox"/> Load dose, clopidogrel 300 mg po day before, if planned procedure to be done in $> 12\text{ hrs}$. <input type="checkbox"/> Load dose, clopidogrel 600 mg po if procedure to be done in $< 12\text{ hrs}$. <p>NOTE: Continue ASA with clopidogrel.</p>				<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 not available. ■ 4. Copy of Diagnostic Tests eg) GXT, MIBI, echo, MRI, CT angiogram to Cath Lab. ■ 5. If a previous "severe" reaction to x-ray dye, (eg. airway compromise, hypotension, or severe hives) see reverse for suggested management. ■ 6. NPO after midnight, except for medication to be taken with a small amount of water. ■ 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 4 weeks ■ 10. CBC, INR, PTT, Na, K, Cl, glucose, urea, creatinine, Creatinine Clearance NOTE: If abnormal lab results, recheck within 24 hrs pre-procedure. <ul style="list-style-type: none"> <input type="checkbox"/> Inpatients: within 1 week <input type="checkbox"/> Outpatients: within 12 weeks ■ 11. NOTE: If on anticoagulants, perform bloodwork on the day prior to the procedure. Ensure INR ≤ 1.7. ■ 12. If on diuretics and potassium abnormal, recheck electrolytes within 24 hrs pre-procedure. ■ 13. If diabetic, check glucose by glucometer in the a.m. pre-procedure. If blood sugar is < 5 or $> 18\text{ mmol/L}$, 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. <input type="checkbox"/> 17. CK level in Cath Lab pre-procedure. 			
<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 $<$ 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-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

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<p><input checked="" type="checkbox"/> 9. If Diabetic:</p> <p><input type="checkbox"/> Hold oral antidiabetic medications in a.m. pre-procedure</p> <p><input type="checkbox"/> Hold metformin in a.m. of procedure and x 48 hours</p> <p><input type="checkbox"/> 10. If on insulin:</p> <p>At HS prior to procedure: administer</p> <p>_____ u SC</p> <p>_____ u SC</p> <p>(Suggested schedule: ½ the usual dose of long-acting insulin and full dose of short acting insulin)</p> <p>In a.m. pre-procedure: <u>After</u> the IV is established and the glucometer check is done, administer</p> <p>_____ u SC</p> <p>_____ u SC</p> <p>(Suggested schedule: give ½ the usual total morning Insulin dose using long acting Insulin only (acceptable blood glucose level 5-18mmol/L))</p> <p><input type="checkbox"/> 11. NOTE: If procedure delayed past 1000 hrs: - check blood sugar q2h</p> <p>Notify attending physician if BS <5 or >18mmol/L</p> <p><input type="checkbox"/> 12. If on Warfarin, hold 4 days pre-procedure.</p> <p>Last dose: $\frac{\quad}{d\ d} / \frac{\quad}{m\ m} / \frac{\quad}{y\ y}$</p> <p>NOTE: If high-risk patient (eg. prosthetic heart valve), consider heparin infusion or low molecular weight heparin (LMWH).</p> <p><input checked="" type="checkbox"/> 13. If on IV Heparin: hold 2 hours pre-procedure.</p> <p>NOTE: If patient has had recent chest pain (within 6 hours), continue heparin and notify Cath Lab.</p> <p><input checked="" type="checkbox"/> 14. If on low molecular weight heparin or Fondaparinux - hold in a.m.pre-procedure.</p>							
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FAX SENT <input type="checkbox"/>		DATE _____		TIME _____			