

Hospital Regulation: The signature of the physician must accompany all orders

NKA: No Known Allergies Allergies: _____

Instructions: Any selected order will be ordered and all orders with a blank check box WILL NOT be ordered unless selected. If there is a selected order that you DO NOT want, please strike through the order.

GENERAL: Case Request

Case Request:

Date _____ Procedure _____

NPO except meds from midnight before procedure NPO except meds with sips water

Notify Physician:

- Notify provider- if 3 NTG required to stop chest pain Notify provider- if creatinine greater than 1.5
- Notify provider- if allergy to contrast, Aspirin, Clopidogel or Prasugrel Notify provider-If potassium level less than 3.5
- Notify provider- if pt diabetic for administration instructions for insulin or oral diabetic agents the morning of procedure

Nursing Interventions:

- Do NOT administer diabetic medication anticoagulant Apply condom catheter
- Notify service- Cath lab to confirm pt is on Cath Schedule Skin Prep- TAVR
- Skin Prep- arm 6 inches around radical pulse sites Insert foley catheter if patient is unable to void
- Place on chart- Operative/Cath/CPI report from other hospital Incentive spirometry nursing every 6 hrs
- Place on chart- Carotid Duplex, CTA, MRA reports from outside hospital/office from within the last 2 months
- Place on chart- NIHSS and modified rankin score completed by neurology. If not available, please validate or call attending (Carotid Stenting)
- Do NOT administer Metformin products- morning of procedure and 48 hrs after procedure
- Do NOT administer oral diabetic meds anticoagulants other than aspirin after midnight prior to procedure
- Insert IV x2 #18 gauge- if an arm stick insertion ordered, place IVs in opposite extremity. AVOID wrist
- Skin prep-Clip groin hair bilaterally around femoral pulse sites from mid-abdomen to knee, bedline to bedline

Respiratory Interventions

Oxygen therapy @ _____ ml/hr via Nasal Other _____ Keep O2 sat above 90 %
 IP Consult to Resp Care Reason _____

IV Fluid Bolus

0.9% NS IV: 100 mL/hr IV starting at 0600 morning of procedure or prior to procedure if ED patient or outpatient
 D51/2NS with Sodium Bicarbonate 100 mEq IV Continuous at _____ mL/hrs

Meds: Contrast Premedications- Outpatient/Same Day

- predniSONE (Deltasone) 50 mg Oral 3 times daily Give at noon and 2000 day prior to procedure, and 0600 on day of procedure
- diphenhydrAMINE (Benadryl) 50 mg Oral 2 times daily Give at 2000 day prior to procedure and 0600 day of procedure

Meds: Contrast Premedications- Inpatient

- predniSONE (Deltasone) 50 mg Oral x3 daily Give at noon, 2000 day prior to procedure, and 0600 on day of procedure
- diphenhydrAMINE (Benadryl) 50 mg Oral x2 daily Give at 2000 day prior to procedure and 0600 on day of procedure
- diphenhydrAMINE (Benadryl) 50 mg IV once
- Methylprednisone sodium succinate (Solu-medrol) 125 mg IV once

Meds: Antibiotics

- ceFAZolin (Ancef) - IV Routine Pre-Op 25 mg/kg Give over 30 mins Once **-OR-**
- Vancomycin (Vancocin) 12.5 mg/kg (wt based) IV at 250 mL/hr Administer over 60 mins Once
Prophylaxis for surgery/procedure. If trough level greater than 20, HOLD one dose

Meds: Antipyretics

Acetaminophen (Tylenol) 650 mg Oral every 4 hrs PRN for fever 101F or greater

Meds: Analgesics- Moderate Pain

HYDROcodone-acetaminophen (Norco) 5-325 mg 1-2 tabs Oral q6 hrs PRN for moderate pain (pain scale 4-6).

Date: _____ Time: _____ Doctor's Signature: _____ Dictation ID # _____

NGMC PHYSICIAN ORDER #304030002 (9/25/2017)

CARDIAC CATH PRE PROCEDURE

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Northeast Georgia Medical Center



304030002

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Meds: Analgesics- Severe Pain

- Morphine 2-4 mg IV every 3 hrs PRN for severe pain (pain scale 7-10). **-OR-**
 FENTanyl (Sublimaze) 25-50 mcg IV every 3 hrs PRN for severe pain (Pain scale 7-10) *if allergic to morphine*

Meds: Anti-lipidemics

- atrovastatin (Lipitor) tab 40 mg mg Oral once **-OR-**
 atrovastatin (Lipitor) tab 80 mg mg Oral once **-OR-**
 Rosuvastatin (Crestor) tablet 40 mg Oral Once

Meds: if patient is receiving heparin infusion

- Continue heparin infusion Discontinue heparin infusion at _____ (time)

Meds: Platelet Inhibitors

- aspirin 325 mg Oral once STAT- *if not given in ED*
 aspirin 325 mg Oral 2 times daily Routine Give the night before and morning before procedure
 Loading dose: clopidogrel (Plavix) tablet 600 mg Oral Once STAT
 Loading dose: prasugrel (Effient) tablet 60 mg Oral Once STAT
 Loading dose: ticagrelor (Brilinta) tablet 180 mg Oral Once STAT

Meds: Nitrates

- Nitroglycerin (Nitrostat) tablet 0.4 mg sublingual q5 mins x3 doses PRN for chest pain
 Nitroglycerin (Nitrobid) 2% ointment topical HOLD for SBP less than 90
 Nitroglycerin (Tridil) 2.5-40 mcg/min IV start dose at 2.5 titrate for chest pain up to 40 mcg/min mcg/min

Meds: Anxiety/Agitation

- LORazepam (Ativan) 1 mg Oral q6 hrs PRN for anxiety. Give after informed consent is signed.
 diazePAM (Valium) 5 mg Oral q6 hrs PRN for anxiety. Give after informed consent is signed

Meds: Sleep Aids

- If greater than 65 yrs old* Temazepam (Restoril) 7.5 mg Oral Nightly PRN- sleep.
If less than 65 yrs old Temazepam (Restoril) 15 mg Oral Nightly PRN For sleep.

Meds: Antiemetics

- Ondansetron (Zofran) 4 mg IV every 12 hrs PRN Routine for nausea, vomiting

Antacids

- Alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/mL suspension 30 mL Oral PRN Give once for indigestion for symptoms unrelieved, Give nitroglycerin as ordered

Labs:

Outpatient/Same Day Inpatient

- | | | |
|-----------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Type and Screen | <input checked="" type="checkbox"/> CBC w/ Auto Dif | <input type="checkbox"/> B-type natriuretic peptide |
| <input type="checkbox"/> hcG quantitative, pregnancy | <input type="checkbox"/> Digoxin level | <input checked="" type="checkbox"/> hCG, Quantitative, Pregnancy |
| <input checked="" type="checkbox"/> Basic metabolic panel | <input type="checkbox"/> Heparin Anti-Xa UNFR | <input checked="" type="checkbox"/> Lipid panel with direct LDL |
| <input checked="" type="checkbox"/> Protime-INR | <input type="checkbox"/> CBC w/out Differential | <input type="checkbox"/> Magnesium |
| <input checked="" type="checkbox"/> Cardiac panel | <input type="checkbox"/> Albumin | <input type="checkbox"/> Urinalysis, Complete w/ reflux culture (TARV) |

PRBCs: Prepare and Transfuse (panel) Has consent been obtained? Yes No

Prepare RBC: Routine STAT 1 unit 2 units

Transfuse RBC: Routine STAT 1 unit 2 units

Transfusion indications: HGB equal/greater than 7 g/dL or HCT equal/less than 21%
 HGB less than 10 if CAD, CHF, Radiation Tx or Cardiac Surgery

Active bleeding Symptomatic anemia Other _____

Special requirements: CMV Neg Irradiated HGB S neg divided unit Washed Other ____

Has pt has a transfusion in the past 3 months? Yes No

Use blood warmer: Yes No Transfuse Each Unit Over _____ hrs

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Imaging: Xray

X-ray Chest portable Routine STAT Once Daily x____ in Am Reason for exam: _____

X-ray Chest 1 view Routine STAT Once Daily x____ in Am Reason for exam: _____

Imaging: EKG

EKG 12 lead once morning of procedure

Reason for exam: AMI Arrhythmia Chest pain Palpitations Pre-Op SOB syncope
 Other_____

EKG 12 lead STAT

Reason for exam: AMI Arrhythmia Chest pain Palpitations Pre-Op SOB syncope
 Other_____

EKG 12 lead- complete within 72 hrs of scheduled procedure for Outpatients

Reason for exam: AMI Arrhythmia Chest pain Palpitations Pre-Op SOB syncope
 Other_____

Imaging: Cardiology

Transesophageal Echo (TEE) Complete with 3D

Pt require general anesthesia monitored by an anesthesiologist? Yes No

Is a cardioversion needed? Yes (need to add order) No

Reading Cardiology group? THC CVCNG GHVG Sibley Heart Group CVOR

Consults

IP Consult to Anesthesiology IP Consult to Neurology

Routine STAT From _____ To _____

Date: _____ Time: _____ Doctor's Signature: _____ Dictation ID # _____

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