

PHYSICIAN'S ORDER - Cath Lab Post-Intervention Orders

(Instructions: Check appropriate boxes and fill in the blanks)

Physician: _____
 Select one: Full Admit Extended Recovery Observation

Activity:
 Bedrest, head of bed may be elevated 15 degrees with reverse Trendelenburg for meals and comfort side to side rolling PRN while sheath is in place
 After sheath removal keep extremity straight until patient is ambulatory
 Advance to low cholesterol, low fat, NAS diet or _____ diet as tolerated

Vital Signs:
 Every 15 minutes x 1 hour, every 1 hour x 3, every 2 hours while sheath(s) in, then routine.
 Check the following: Puncture sites appearance, sheath integrity, and presence/volume of pulse in affected extremity(s).

IV's:
 Hydration IV's _____
 1000 mL D5W with 150 meq Sodium bicarbonate at 1 mL/Kg/hour for 6 hours or until present bag is complete whichever is first.
 Nitroglycerin 25 mg/250 mL infusion at _____ micrograms/min. Discontinue at _____ am/pm
 Eptifibatide (Integrilin) 75 mg/100 mL infusion at _____ mL/hour. Discontinue at _____ am/pm
Do not hang another bottle 14 hours or more post procedure.
 Bivalirudin (Angiomax) infusion at _____ mL/hour. Discontinue when present bag is empty.
 Other: _____

Routine Medications:
 Aspirin _____ mg by mouth daily
 Clopidogrel (Plavix) _____ mg by mouth stat and then Clopidogrel (Plavix) 75 mg by mouth daily
OR
 Prasugrel (Effient) 60 mg by mouth stat then 10 mg by mouth daily
 Acetylcysteine (Mucomyst) 600 mg by mouth every 12 hours for _____ doses
 Hold metformin (Glucophage) or any medications containing metformin for 48 hours post-procedure.
 Simvastatin (Zocor) _____ mg by mouth daily
 Consider using an ACE inhibitor or ARB for patients with a history of CHF, hypertension, diabetes, or ejection fraction less than 40%. **PLEASE DOCUMENT ANY CONTRAINDICATIONS TO ACE OR ARB.** _____

PRN Medication:
 Morphine _____ mg IV every _____ hours PRN for severe pain (pain scale 7-10)
 Acetaminophen 650 mg po every 4 hours PRN mild to moderate pain (pain scale 1-6)
 Ondansetron (Zofran) 4 mg IV over 2 minutes every _____ hours as needed for nausea
 Other PRN medications: _____

Physician's Signature _____ Date _____ Time _____

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	Write Microgram	1.0	Write 1. Do not use zero after decimal point
qd, q.d.	Write Daily	Zero after decimal point	
qod	Write Every Other Day or Every 48 hrs	MS	Write Morphine
U or u	Write Units	MgSO4, MSO4	Write Magnesium sulfate or Morphine sulfate
.5	Write 0.5 - make sure you use preceding 0	IU	Write International units
No zero before decimal point		OS, OD, OU	Write Left or right eye or both eyes
		AS, AD, AU	Write Left or right ear or both ears



ST. VINCENT CHARITY
 MEDICAL CENTER

2351 EAST 22ND STREET
 CLEVELAND, OH 44115
 stvincentcharity.com

A Ministry of the Sisters of Charity Health System

PATIENT LABEL



MR.ORDER

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Echo:

- Stat Echo for emergent CABG procedures
- Routine echo

EKG:

- EKG Post Procedure stat
- Obtain stat EKG with chest pain and notify attending physician.

Lab:

- Platelet count 2 hours after start of IV platelet inhibitors (eptifibatide/abciximab).
- Notify Cardiologist if platelets are less than 100,000.
- Notify Cardiologist of any signs of bleeding.
- CBC, BMP, and CPP in AM.
- HbA1C
- Lipid profile

Other:

- Foley catheter PRN for urinary retention
- Oxygen per nasal cannula at _____ liters/min PRN for shortness of breath, chest pain, or oxygen saturation less than _____ .

Sheath Removal:

- Blood pressure equal to or less than _____ mmHg prior to sheath removal
- Remove sheath _____ hours after Bivalirudin (Angiomax) has been infused and discontinued
- If Heparin given obtain ACT _____ hours post procedure then every 2 hours until ACT is less than 150 seconds. Remove sheath when ACT is less than 150 seconds and platelets are greater than 100,000. All sheath site extremities are to remain straight for _____ hours post sheath removal
- Vital signs during compression every 5 minutes until hemostasis has been achieved then every 15 minutes times 4, then every 30 minutes until up ad lib or while on bedrest, then per department routine. Assess and document puncture site with vital sign(s)
- Manual pressure x _____ minutes or until hemostasis is achieved
- C-Clamp x _____ minutes or until hemostasis is achieved
- Sandbag _____ hours after sheath removal
- Up ad lib/off bedrest _____ hours after sheath removal
- Morphine sulfate _____ mg and Atropine _____ mg IV 15 minutes prior to sheath removal

Post Closure Device: _____

- Bedrest _____ hours post procedure then up ad lib. The closure device extremity is to remain straight until patient is allowed up ad lib

Cardiac Rehab Referral: _____

Smoking cessation counseling

Nutrition consult for dietary counseling

Joslin Diabetes Center Referral – Please complete Joslin Referral form

Notify Cardiovascular NP for surgical consult

Physician's Signature _____ Date _____ Time _____

ug	<i>Write</i> Microgram	PROHIBITED ABBREVIATION	REQUIRED TERM
qd, q.d.	<i>Write</i> Daily	1.0	<i>Write</i> 1. Do not use zero after decimal point
qod	<i>Write</i> Every Other Day or	Zero after decimal point	
U or u	Every 48 hrs <i>Write</i> Units	MS MgSO ₄ , MSO ₄	<i>Write</i> Morphine <i>Write</i> Magnesium sulfate or Morphine sulfate
.5	<i>Write</i> 0.5 - make sure you	IU	<i>Write</i> International units
No zero before decimal point	use preceding 0	OS, OD, OU AS, AD, AU	<i>Write</i> Left or right eye or both eyes <i>Write</i> Left or right ear or both ears



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