PHYSICIAN’S PRE-PRINTED ORDERS

INDICATORS/DIAGNOSIS

ALLERGY

REACTION

Ht: ______________  Wt: ______________

Smoker: ☐ Yes  ☐ No

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Name: ____________________________  DOB: ____________________________

Diagnosis: ____________________________  Scheduled for Date: ____________________________  Time: ____________________________

Procedure (CPT Code): ____________________________  H&P performed by: ____________________________

ICD10 Code: ____________________________

Procedure permit to read: Cardiac catheterization and coronary angiography with possible percutaneous coronary intervention; possible insertion of intra-aortic balloon pump; possible temporary pacemaker; possible emergent coronary artery bypass graft surgery.

NPO six (6) hours prior to procedure unless otherwise ordered by physician.

Home medications per Pre-cardiac/Interventional Radiology guidelines.

May give medications with sip of water as instructed by physician.

☐ Hold morning dose of insulin and all oral diabetic medications. If on metformin (GLUCOPHAGE) or metformin-containing medications, hold for 24 hours.

LABS & DIAGNOSTICS (Required diagnostic tests within 30 days please place on chart):

<table>
<thead>
<tr>
<th>Testing ordered</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ CBC</td>
<td></td>
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<tr>
<td>☐ BMP</td>
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<tr>
<td>☐ PT</td>
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<tr>
<td>☐ PTT</td>
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<tr>
<td>☐ Magnesium</td>
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<tr>
<td>☐ Fasting lipid profile</td>
<td></td>
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<tr>
<td>☐ HbA1C</td>
<td></td>
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<tr>
<td>☐ Serum HCG (if not menstrual period free for 1 year)</td>
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</tbody>
</table>
| ☐ If on chronic warfarin (COUMADIN) therapy, PT/INR morning of surgery.  
  Call implanting physician if INR result is 1.3 or greater | |
| ☐ EKG (if not done within last 30 days) | |
| ☐ Chest X-ray (if not done within last 3 months) | |

Call physician for further orders if serum creatinine level is above _____________

“Cardiac Catheterization” teaching prior to procedure

If post-CABG, obtain operative report.

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PRE-CARDIAC CATHETERIZATION ORDERS

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01/20
Pre procedural medications on call to lab. Check those that apply:

- diazepam (VALIUM) 5mg PO
- diazepam (VALIUM) 10mg PO
- diphenhydramine (BENADRYL) 25mg PO
- diphenhydramine (BENADRYL) 50mg PO

Hold heparin on-call to Cath Lab

Insert intravenous catheter on opposite upper extremity of planned access site (if planned radial artery access).

Start 0.9% normal saline IV at 100 mL/hour unless otherwise indicated. All intravenous fluids require extension tubing.

Lidocaine (XYLOCAINE MPF) 10mg/mL (1%) injection 0.25mL, intradermal or transdermal, as needed for pre-procedure IV start.

- IV fluids __________________________ at ______________ mL/hour
- Insert Saline Lock intravenous catheter on either upper extremity only (no IV fluids to be infused pre-procedure).

Notify physician if patient has iodine or seafood allergy.

Patient to continue on antiplatelet medications if taking, but not limited to:
- Aspirin, clopidogrel (PLAVIX), prasugrel (EFFIENT), ticagrelor (BRILINTA) including morning of procedure.
- If patient is NOT routinely taking antiplatelet, instruct patient to take _____ mg of aspirin morning of procedure.

Patient is to discontinue anticoagulants:

- heparin for _____ hours before procedure
- warfarin (COUMADIN) for _____ days before procedure
- dabigatran (PRADAXA) for _____ days before procedure
- enoxaparin (LOVENOX) for _____ days before procedure
- rivaroxaban (XARELTO) for _____ days before procedure
- fondaparinux (ARIXTRA) for _____ days before procedure

Additional orders:

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Physician's Name (Please Print)  Physician Signature  ID#  Date  Time