Huntington Hospital

CARDIAC CATH LAB
PHYSICIAN ORDERS

DIRECTIONS: Complete dosage information and check boxes to activate orders.

Procedure Date: _____ **Time:** _____
Dx: _____ **Physician:** _____

1. Admit to Cardiac Outpatient Center as: ☐ Outpatient ☐ AM Admit
2. History and Physical ☐ Dictated # _____ Date _____ ☐ Faxed to Pre-op
3. Consent to read:
   - ☐ Left and/or Right Heart Catherization, Coronary Angiogram, possible Percutaneous Coronary Intervention, possible Peripheral Angiogram.
   - ☐ Other: _____
     _____
4. Drug Allergies: _____
5. Iodine/Shellfish Allergies ☐ Yes ☐ No

☐ NPO after midnight ☐ NPO _____ hrs. before procedure.

☐ Take the following medication(s) _____ with a sip of water except Insulin prior to the procedure.

☐ Routine vital signs

☐ Diagnostic tests/ Labs Call M.D. if platelet ct <100, Hgb <12.0g/dl, K^+ < 3.5mmol/L, Creatinine > 2.0 and Protime> 15 seconds, INR > 1.6 . If INR > 1.6 redraw STAT on admit. Urine and labs within 72 hours.

☐ CBC ☐ BMP ☐ PT ☐ PTT ☐ UA ☐ Fasting Lipid Profile ☐ Other _____

☐ EKG (within 30 days) ☐ CXR (within 30 days), pre-op reading, 3 view if over age 60

☐ Pre-Cath orders:

- ☐ Prep both groins
- ☐ Patient to void on call to Cath Lab.
- ☐ Start large bore IV ☐ left ☐ right arm with _____ @ _____ ml/hr.

☐ Pre-Cath medications <u>On Call</u>

- ☐ Diphenhydramine (Benadryl®) _____ mg PO x 1
- ☐ Aspirin _____ mg PO x 1
- ☐ Famotidine (Pepcid®) _____ mg IVP x 1
- ☐ Hydrocortisone (Solucortef®) _____ mg IVP x 1
- ☐ Other _____
- ☐ NTG 0.4 mg prn for chest discomfort (may repeat 3x 5 min. apart)
- ☐ Diazepam (Valium®) _____ mg PO x 1
- ☐ Alprazolam (Xanax®) _____ mg PO x 1
- ☐ Methylprednisone (Solumedrol®) _____mg IVP x 1
- ☐ Lorazepam (Ativan®) _____mg PO x 1

MD Signature_____ MD #: _____ Date/Time:_____

Noted by RN_____Date/Time: _____
☐ Verify telephone / verbal orders written and read back by RN _____initials_____

Rev 12/04/06 lm