

McLaren - Flint  
**CARDIAC CATHETERIZATION AND  
 PERCUTANEOUS CORONARY INTERVENTION  
 POST PROCEDURE**

Admit:  Admit to Inpatient Status  Admit to Observation

**Discontinue all pre-procedural medications. May utilize the TMO to specify all post-procedural medications.**

1. VITAL SIGNS:
  - PCI: Every 15 minutes x 1 Hour, if stable every 30 minutes x 2 hours, of stable then hour while awake
  - Cardiac Cath: every 30 minutes X 2 hours then every 1 hour
2. CIRCULATION CHECK: Record pulses distal to insertion site with every vital sign check
3. DRESSING: Check for bleeding at sheath site with every vital sign check. If bleeding, apply pressure immediately for 20 minutes and reapply pressure dressing. **Notify Physician**
4. IV: Continue IV fluids at 150 mL / hour for 3 hours then run total IV's at 100 mL / hour. When current IV bag is completed replace with D5 ½ NS at 50 mL / hour. May give 500 mL fluid bolus of D5 ½ NS over 15 minutes for Systolic BP less than 90 mmHg
5. SHEATH CARE: Flush venous and arterial sheaths with Heparin Lock flush solution, 10 mL every 2 hours
6. MEDICATIONS:
  - HOLD** Glucophage (METFORMIN) administration for 48 hours after procedure.
  - Soluble Aspirin 81 mg PO Daily, only to be discontinued by attending cardiologist
  - Clopidogrel (PLAVIX) 75 mg PO Every Day.
  - Brilinta 90mg PO Twice Daily
  - Effient 10mg PO Every Day
  - Temazepam (RESTORIL) 7.5 mg 1 tab PO at Bedtime PRN for sleep, may repeat x 1  
Use of Temazepam (RESTORIL) Contraindicated in patients greater than 65 yrs of age. Further assessment by physician is needed
  - Acetaminophen (TYLENOL) 650 mg PO every 3 hours PRN for mild pain / fever **or**
  - Acetaminophen with Codeine (TYLENOL # 3) 1 tab PO every 3 hours PRN for moderate pain
  - Morphine Sulfate 4 mg IV every 3 hours PRN for severe pain if weight is greater than 150 pounds **or**
  - Morphine Sulfate 2 mg IV every 3 hours PRN for severe pain if weight is less than 150 pounds
  - Ondansetron (Zofran) 4 mg IVP every 4 hours PRN for nausea or vomiting
  - Diphenhydramine (BENADRYL) 25 mg IV every 4 hours PRN for nausea or vomiting
  - Tirofiban (AGGRASTAT) – Acute Coronary Syndrome with or without PCI. Bolus: 25mcg/kg once  
Normal Renal Function: 0.15 mcg/kg/min IV for us to 18 hours  
Impaired Renal Function: CrCl ≤60 mL/min: 25 mcg µg/kg IV x once; then 0.075 mcg µg/kg/min IV for up to 18 hrs
  - Aggrastat (triofiban HCL: current rate is \_\_\_\_\_ Discontinue per physicians order which ever comes first
  - Heparin: Per Anticoagulation Protocol – **Start 2 hours after sheath pull**
7.  **FOR ALL ACUTE MI's (Mark box if diagnosis of AMI)**
  - Metoprolol (LOPRESSOR) 25 mg PO Daily
  - Other Beta- blocker \_\_\_\_\_  
Contraindicated \_\_\_\_\_
8. PRIOR TO PULLING SHEATHS:
  - If Heparin infusing from Cath Lab: discontinue Heparin at [Time\_\_\_\_\_Date\_\_\_\_\_] or 2 hours prior to sheath removal. Contact physician for further orders if on other anticoagulant.
  - ACT 2 hours after Heparin discontinuation. If ACT less than 150 sec (or if PTT less than 50) DC sheath
    - Midazolam (VERSED) 1 mg IVP, 5 minutes prior to sheath removal, for sedation purposes (use sedation form if given) Monitor BR, HR respirations and Pulse Ox
  - Remove sheaths per protocol; apply pressure minimum of 20 minutes or until hemostasis
9. CHEST PAIN PROTOCOL:
  - **STAT EKG - Notify Physician immediately and FAX the EKG to Physician**
  - Nitroglycerin 0.4 mg SL every 5 minutes x 3. If pain is not relieved start Nitroglycerin drip 50 mg / 250 mL D<sub>5</sub>W – start at 10 mL / hour (3 mg / hour) and titrate up to one of the following: 1) Relief of chest pain 2) To a maximum 100 micrograms / minute 3) Systolic BP less than 90 mmHg

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Time (required)

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Revised 01/2017

M – 1708 – 112  
**PHYSICIANS ORDERS AND  
 INSTRUCTIONS TO NURSE**



640B

PT.

MR.#/P.M.

DR.

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10. **OXYGEN:** Apply O<sub>2</sub> at 2 – 4 liters per Nasal Cannula PRN. May titrate to keep SAO<sub>2</sub> greater than 90
11. **STAT EKG for PCI:** 1) Post procedure 2) also order and EKG for the following morning
12.  **Cardiac Rehabilitation consult - in hospital.** Cardiac Rehabilitation for Phase II telemetry 2-3 times per week for 12-18 weeks (36 sessions). Begin 1 week post procedure.  
If AMI, refer to AMI Order Set M1708–261.
13. **ACTIVITY:**
- Femoral Procedure: Bed Rest without bathroom privileges. Keep procedure leg straight. Head of bed may be raised 15 degrees only. If there is no evidence of vascular complications at procedure site, the patient may turn on side opposite to procedure with assistance 4 hours post – procedure. May ambulate or up to beside chair 6 hours after sheath removal if no bleeding or complications.
  - Arm Procedure: Bathroom privileges with assistance 1 hour after sheath removal
  - Remove foley after there is no bleeding upon ambulation
14. **DIET:** Encourage Clear Liquids for 2 hours, then Resume previous diet 2 hours after sheath removal
15. **LABS:** BMP in 2 days, For Angioplasty / rotablator / stent / DCA patients: CK / CK-MB and Troponin 12 –14 hours after procedure,  
 Platelet Count 4 hours after the discontinuation of Abciximab (REOPRO), Notify Physician if Platelet Count is less than 100,000
16. **RADIAL APPROACH:**
- Upon sheath removal, apply sterile gauze and pressure application device (Hemoband) for 90 minutes
  - Keep extremity immobile. After \_\_\_\_\_ minutes, gradually release the pressure device over 10 minutes ascertaining homeostasis. Document pulses. Apply pressure dressing and sling to affected extremity.
  - Encourage patient to ingest 1000 mL of fluids in the next 3 – 4 hours following discharge
  - Patient may be discharged in \_\_\_\_\_ hours after dressing application
17.  **Closure Device Used:**
- Gentle palpation to assess area
  - If bleeding occurs, apply firm NONOCCLUSIVE pressure until bleeding stops. If bleeding persists, hold OCCLUSIVE manual pressure for 20 minutes or until hemostasis.
  - DO NOT use Fem – o – stop, Sandbags or pressure dressings over site unless ordered specifically
  - If bleeding occurs: Keep in bed for 6 hours after hemostasis achieved
  - If collagen is noted above the skin insertion site, notify Cardiologist. Reassess after ambulation.
  - Reinforce to patient that NO procedure is to be performed in that groin for 6 weeks
  - Patient may ambulate in \_\_\_\_\_ hours (2 hours if unspecified)
18. Notify Dr. \_\_\_\_\_ if any problems such as: Chest Pain, EKG changes, SOB, change in LOC, bleeding, circulation changes, hypotension (BP less than 90), hypertension (SBP greater than 180) or any arrhythmias
19. Discharge Patient in \_\_\_\_\_ hours, if stable.
20. **DISCHARGE INSTRUCTIONS:** Review with patient and family  
Additionally: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Time (required)

PT.

MR.#/P.M.

DR.