McLaren Flint

CARDIAC CATHETERIZATION AND PERCUTANEOUS CORONARY INTERVENTION PRE-PROCEDURE

	☐ Please obtain old films eterization and Angiography, Coronary Angiographies and other	
	tery Catheter Insertion, Arterial Line Insertion, Temporary Pacemaker, and Coronary Artery Bypass Surgery, Blood Transfusion as may be	
necessary. Dr	(Cardiac Surgeon) for standby	
	lours of procedure – do not use stated weight	
	e, respiratory rate, temperature prior to procedure	
4. PREP: Prior to procedure clip and procedure		
Shower or bath the night before o		
Have patient void on call to cathet		
Foley if deemed necessary by RN		
	midnight. For P.M. procedure: NPO after Clear Liquid breakfast.	
6. Start IV in the arm opposite the proced		
	ntracath with fluids per hydration protocol	
 <u>Cath/Possible PCI</u>: Start 1 IV site 		
 #1 – 18 g with fluids per hydration 		
7. <u>LABS:</u> Assure results are on the char		
• CBC, BMP, PT and PTT within 7 o		
	aring age < 60, unless prior hysterectomy.	
☑ Blood HcG if dialysis or renal fai		
	done in past 7 days, please place copy on chart	
	Nitroglycerin 0.4 mg sublingual EVERY 5 min up to 3 doses, maintain SE	3P
greater than 100 mmHg call cardiolo	despite NPO order. Glucometer prior to procedure if patient diabetic	
	taining medications day of procedure and for 48 Hours	
☐ Diazepam (VALIUM) 5 mg PO for		
	50 mg PO for sedation PRN x 1 dose	
	er 2 minutes PRN for anxiety x 1 dose	
Aspirin 81 mg PO on arrival, HOL		
	OLD if patient has taken at home	
☐ Clopidogrel (PLAVIX) 300 mg PC		
Clopidogrel (PLAVIX) 75 mg PO		
Prasugrel (Effient) 60 mg PO load		
Prasugrel (Effient) 10 mg PO day		
☐ Ticagrelor (Brilinta) 180 mg PO Id		
☐ Ticagrelor (Brilinta) 90 mg PO da		
11. Notify Physician if patient has a his		
Pre-medications for contrast aller		
	JMEDROL) 125 mg IVP evening before and morning	
of procedure for allergy to		
	mg IVP morning of procedure for allergy to contrast	
	DRYL) 50 mg IVP morning of procedure for allergy to contrast	
12. For Radial or Brachial Approach only		
	er extremities; apply Identification & Allergy bands on opposite wrist	
	's Test. Notify physician if greater than 6 secs	
13. Hold AM dose of diuretics		
Dhysisian Cignoture	Data (required)	
Physician Signature Page 1 of 2	Date (required) Time (required)	
Revised 05/2018		
101000 00/2010		

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PHYSICIANS ORDERS AND INSTRUCTIONS TO NURSE



PT.

MR.#/P.M.

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	14. Hydration Protocol:	
•	If GFR less than 30 mL / min ○ Contact Physician ○ Consult Nephrology Dr	
•	If GFR 30 – 59 mL / min	
	⊠0.9% NS infusion at 1 mL/kg/hr for 3 hours prior to the procedure and 4 hours after the procedure.	
•	If GFR 60 or greater –	
	\boxtimes 0.9% NS at 100 mL/hr for 5 hours prior to procedure then 50 ml per hour for 4 hours after the procedure.	
•		
Pa	Date (required) Time (required) age 2 of 2 Evised 04/2018	

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DR.