INSTRUCTIONS:
1. Before placing in chart, affix patient Identification sticker
2. After doctor writes a medication order scan duplicate copy to Pharmacy

Pre Cardiac Catheterization

PHYSICIAN’S ORDERS

Check all orders that apply  Date/Time of Cardiac Cath:

☐ ALLERGIES:  ☐ Verify No DYE ALLERGIES

Diet:  ☐ NPO after midnight except meds  ☐ Clear liquid breakfast then NPO except meds

☐ Clipper prep bilateral groins (done by SDS or cath staff)

☐ Insert # 20 gauge or larger IV (left arm if possible)

☐ IV  1000ml of _________ at _____________ ml/hr

☐ D5W 1000ml add 150 mEq Sodium Bicarb to infuse @ ____________; Start at _________

Give all routine medications that are due unless ordered on hold

Medications to HOLD morning of cardiac cath:

☐ Fondaparinux (Arixtra) or Enoxaparin (Lovenox)

☐ Oral hypoglycemic agents

☐ Insulin

☐ Diuretic agents

☐

Give the following Medications prior to transport to the Cath Lab:

☐ Acetylcysteine (Mucomyst) 600mg orally @ _____ and 1800 on_____ and 0600 on day of cardiac cath

☐ Prednisone 40 mg orally @ 1800 and 2400 on _____ and 0600 on day of cardiac cath

☐ Confirm EKG charted

☐ EKG STAT

☐ Confirm labs are charted: CBC ~ PRO 7 (CHEM 7) ~ PT/INR

☐ CBC STAT

☐ PT/INR STAT

☐ PRO 7 (CHEM 7) STAT

☐ Bedside glucose upon arrival to SDS (outpatient) or morning of procedure (inpatient)

☐ Void on call to the cath lab

☐ RN to accompany patient to the cath lab on a cardiac monitor

☐ Additional orders:

If verbal order: Read Back and Verified:__________________,RN Date:_____ Time:_____

Physicians Signature: Date/Time:

Last Update 10/19/2007  Scan To Pharmacy  Date: ________ Time:________ Initials: ________