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DRUG AND TREATMENT ORDERS
CARD Cardiac Catheterization

Pre Procedure
Diet
☐ Diet Order  
  Cardiac  
☐ NPO  
  NPO except for medications, Give all AM meds as scheduled except for diabetic medications  
☐ NPO after Midnight

Nursing Orders
☐ Quality Measures AMI  
☐ Reason for Fibrinolytic Therapy Delay  
☐ Reason for PCI Delay  
☐ Reason Aspirin Not Given on Arrival  
☐ Reason VTE Prophylaxis Not Received  
☐ Start INT  
☐ Start IV/INT  
  To use as a dedicated line for Sodium Bicarbonate infusion  
☐ Clip and Prep  
  Bilateral Groin area, PRE-OP, Special Instructions: Use clippers to remove hair from bilateral groin area and prep with chlorhexidine  
☐ Consent on Chart  
  Consent On Chart With: Cardiac Cath, Percutaneous Transluminal Coronary Angioplasty/STENT, Emergency Coronary Artery Bypass Graft, Rotoblator and Blood Transfusion  
☐ Complete Pre-Anesthesia Questionnaire  
☐ Communication Order  
  If on Heparin Infusion, ok to continue infusion on call to heart cath unless otherwise ordered. DO NOT administer Lovenox on the day of cardiac cath procedure.  
☐ Patient Education  
  Have patient watch cardiac catheterization DVD

Medications
***(NOTE)*** For DIABETIC PATIENTS

☐ Heart Cath Diabetes Post Procedure  
  See order comments  
  Comments: Day BEFORE Procedure:  -Patient may take oral diabetes medications the day and evening BEFORE procedure  -Take usual dose of glargine (Lantus) or Leveimir on the day or evening BEFORE the procedureDay of Procedure  -HOLD Metformin containing medications (Glucophage, Glucovance, Glumetza, Fortamet, Riomet, Actoplus Met, Metaglip, Avandamet) on day of procedure AND 48 hours AFTER procedure  -STOP oral diabetes medications the day of procedure  -TAKE 1/2 dose of NPH insulin on the day of procedure  -HOLD usual dose of ALL mixed insulins (Novolog Mix 70/30, Novolin 70/30, 50/50, 75/25) and switch to NPH. NPH should be 1/2 usual dose of mixed insulin in units  -HOLD Humulog, Novolog or Regular insulin on day of procedure

PHYSICIAN SIGNATURE ____________________________ DATE __________ TIME _______

DRUG ALLERGIES ____________________________ WT: __________ KG

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ORDERS
REV: Page 1 of 26
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**DRUG AND TREATMENT ORDERS**
CARD Cardiac Catheterization

- [ ] GEN Correction Insulin (Sliding Scale) (SUB)*
  ***Reminder*** Order GEN Correction Insulin (Sliding Scale) (SUB) on a separate form***

- [ ] Blood Glucose Monitor POC
  AC&BEDTIME, Notify physician for blood glucose below 60 or above 400

- [ ] hydrOXYzine (Vistaril)
  100 mg cap PO PRE-OP, Clinical Instructions: Administer 1 hour prior to scheduled cardiac cath procedure time.

  ***(NOTE)**** Patients with Contrast Allergy

- [ ] SUB CARD Contrast Allergy Oral Regimen (SUB)*

**SUB CARD Contrast Allergy Oral Regimen**

Medications

- [ ] Deltasone
  60 mg tab PO BDM, Duration: 1 dose
  Comments: Evening before the procedure

- [ ] Benadryl
  50 mg cap PO BDM, Duration: 1 dose
  Comments: Evening before the procedure

- [ ] Zantac
  150 mg tab PO BDM, Duration: 1 dose
  Comments: Evening before the procedure

  ***(NOTE)*** Administer 1 hour prior to procedure:

- [ ] Deltasone
  60 mg tab PO ONCALL
  Comments: Administer 1 hour prior to procedure

- [ ] Benadryl
  50 mg cap PO ONCALL
  Comments: Administer 1 hour prior to procedure

- [ ] Zantac
  150 mg tab PO ONCALL
  Comments: Administer 1 hour prior to procedure

  ***(NOTE)*** Patients with Renal Insufficiency

- [ ] **SUB CARD Contrast Allergy IV Regimen (SUB)*

**SUB CARD Contrast Allergy IV Regimen**

Medications

- [ ] Solu-Medrol
  125 mg inj IV PUSH ONCE
  Comments: Administer 1 hour prior to procedure

- [ ] Benadryl
  25 mg inj IV PUSH ONCE
  Comments: Administer 1 hour prior to procedure

  ***(NOTE)***

**PHYSICIAN SIGNATURE ___________________________ DATE __________ TIME _______

**DRUG ALLERGIES**

WT: ___________ KG: ___________

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**DRUG AND TREATMENT ORDERS**
**CARD Cardiac Catheterization**

☑ Zantac
   50 mg inj IV PUSH ONCE
   Comments: Administer 1 hour prior to procedure

☐ acetylcysteine (Mucomyst 600 mg)
   600 mg soln PO BID, Duration: 2 dose, Clinical Instructions: 1 day prior to procedure

☐ acetylcysteine (Mucomyst 600 mg)
   600 mg soln PO BID, Duration: 2 dose, Clinical Instructions: day of procedure

**IV Solutions**

☐ Sodium Chloride 0.45%
   IV bag 100 mL/hour, Clinical Instructions: Start at 6 AM day of procedure.

☐ Sodium Chloride 0.9%
   IV bag 100 mL/hour, Duration: 1 bag, Clinical Instructions: 1 liter; Start at 6 AM day of procedure

***(NOTE)*** Infuse Sodium Bicarbonate Drip if creatinine greater than or equal to 1.6

☐ Sodium Bicarbonate. 150 mEq / D5W 1000 mL IV Set (IVS)*
   D5W
   IV bag 3 mL/kg/hour
   Comments: 3mL/kg/hour IV 1 hour prior to contrast administration (maximum rate per hour should not exceed 330mL/hour)
   sodium bicarbonate IV drip (1 amp = 50mEq)
   150 mEq

☐ Sodium Bicarbonate. 150 mEq/ Sterile Water 1000 mL IV Set (IVS)*
   Sterile Water (admix)
   IV bag 3 mL/kg/hour
   Comments: 3mL/kg/hour IV 1 hour prior to contrast administration (maximum rate per hour should not exceed 330 mL/hour)
   sodium bicarbonate IV drip (1 amp = 50mEq)
   150 mEq

**Laboratory**

☑ Complete Blood Count
   Pre-Op, BLOOD, ONCE

☑ Basic Metabolic Panel
   Pre-Op, BLOOD, ONCE

☑ Prothrombin INR
   Pre-Op, BLOOD, ONCE
   Comments: If patient is on Coumadin and INR is GREATER than 1.5, STAT PT/INR

☑ Lipid Profile
   Pre-Op, BLOOD, ONCE
   Comments: Fasting Lipid Profile

☐ Reason LDL-c Not Done

☐ Hold Clot
   Pre-Op Priority, BLOOD

**PHYSICIAN SIGNATURE _______________________________ DATE __________ TIME __________**

**DRUG ALLERGIES**

WT: KG

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**DRUG AND TREATMENT ORDERS**

**CARD Cardiac Catheterization**

- **(NOTE)** If not done within 2 weeks of procedure
  - Comprehensive Metabolic Panel
    - Pre-Op, BLOOD, ONCE

- **(NOTE)** Perform Serum HCG for females of child bearing age and capacity
  - Serum HCG Qual
    - Pre-Op, BLOOD, ONCE

**Radiology**

- XR Chest *1 view AP Portable
  - Pre Cardiac Catheterization, Pre-op, Pending Discharge - No, ONCE

**Cardiology**

- **(NOTE)** If not done within one week prior
  - ECG Standard
    - Pre-op, ONCE

- SUB CARD Fast Track (SUB)*

- **(NOTE)** If not done within one week prior
  - ECG Standard
    - Pre-op, ONCE

**IV Solutions**

- Infuse Sodium Bicarbonate Drip if creatinine greater than or equal to 1.6 (NOTE)*
  - Sodium Bicarbonate. 150 mEq/ Sterile Water 1000 mL IV Set (IVS)*
    - Sterile Water (admix)
      - **IV bag Rate**: 3 mL/kg/hour
        - **Comments**: 3mL/kg/hour IV 1 hour prior to contrast administration. 1 mL/kg/hour IV during the procedure and 1 mL/kg/hour IV 6 hour post procedure.
  - Sodium Bicarbonate IV drip (1 amp = 50mEq)
    - 150 mEq

- Sodium Bicarbonate. 150 mEq/ Sterile Water 1000 mL IV Set (IVS)*
  - Sterile Water (admix)
    - **IV bag Rate**: 2 mL/kg/hour
      - **Comments**: 2 mL/kg/hour IV 1 hour prior to contrast administration. 1 mL/kg/hour IV during the procedure and 1 mL/kg/hour IV 6 hour post procedure

**Laboratory**

- **Prothrombin INR**
  - STAT, BLOOD, ONCE

- **Partial Thromboplast Time**
  - STAT, BLOOD, ONCE

- **Complete Blood Count**
  - STAT, BLOOD, ONCE

- **Basic Metabolic Panel**
  - STAT, BLOOD, ONCE
  - If not done within 2 weeks of procedure (NOTE)*

- **Comprehensive Metabolic Panel**
  - STAT, BLOOD, ONCE

- **Lipid Profile**

**PHYSICIAN SIGNATURE**

**DATE**

**TIME**

**DRUG ALLERGIES**

**WT:**

**KG**

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**DRUG AND TREATMENT ORDERS**

**CARD Cardiac Catheterization**

□ Serum HCG Qual

STAT, BLOOD, ONCE

**Radiology**

☐ XR Chest *1 view AP Portable

Pre Cardiac Catheterization, Stat, Pending Discharge - No

**Cardiology**

***NOTE*** If not done within one week prior.

☐ ECG Standard

Stat, ONCE

---

**Intra Procedure**

**Vital Signs**

☐ VS

Q5MINS Int, and record

☐ Cardiac Monitor

Continuous and record Q5MINS

☐ Intra-Procedure Respiratory Care

Pulse Oximetry: Continuous, Q5MINS Int and record

Comments: Q8H sensor site must be inspected IF circulatory condition or skin integrity has changed, the sensor should be applied to a different site.

---

**Nursing Orders**

Intra-Procedure Respiratory Care

☐ Oxygen Therapy: 2 liters via nasal cannula (DEF)*

☐ Oxygen Therapy: 3 liters via nasal cannula

☐ Oxygen Therapy: 4 liters via nasal cannula

☐ ACT iStat

Routine, PERIOP_ONCE. For interventional procedures.

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**Medications**

Communication Order

☐ Stop IV Heparin Drip on arrival to Cath Lab

**IV Drips**

Intra-Op Medication (IV Infusion)

☐ Sodium Chloride 0.9% 500 mL 500 mL IV PERIOP_ONCE

Comments: To be given during procedure

Intra-Op Medication (IV Infusion)

☐ Nitroglycerin 25 mg/D5W 250 mL 5 mcg/min IV PERIOP_ONCE

Comments: Titrate as directed. Max dose is 50 mcg/min. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (IV Infusion)

☐ Sodium Bicarb 150 mEq/ D5W 1000 mL 1 mL/kg/hr IV PERIOP_ONCE

Comments: 1 mL/kg/hour IV during the procedure (maximum rate per hour should not exceed 330

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PHYSICIAN SIGNATURE ___________________________________ DATE __________ TIME _______

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DRUG ALLERGIES __________________________________________ DATE __________ TIME _______

WT: KG

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**DRUG AND TREATMENT ORDERS**

**CARD Cardiac Catheterization**

mL/hour) Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (IV Infusion)

- **Sodium Bicarb 150 mEq/ Sterile Water 1000 mL 1mL/kg/hr IV PERIOP_ONCE**
  - Comments: 1 mL/kg/hour IV during the procedure (maximum rate per hour should not exceed 330 mL/hour) Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Local Anesthetic Agents**

Intra-Op Medication (Volume Medication)

- **Xylocaine 1% MDV inj soln 50 mL INFLTRATE PERIOP_ONCE**
  - Comments: To groin for analgesia. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- **Nesacaine 2% MPF inj soln 20 mL INFLTRATE PERIOP_ONCE**
  - Comments: To groin for analgesia. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- **Lidocaine 2% MDV inj soln 50 mL INFLTRATE PERIOP_ONCE**
  - Comments: To groin for analgesia. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Sedatives**

Intra-Op Medication (Strength Medication)

- **Dilaudid 1 mg IV PUSH PERIOP_ONCE**
  - Comments: Administer Q2MINS PRN for sedation. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- **Fentanyl 25 mcg IV PUSH PERIOP_ONCE**
  - Comments: Administer Q2MINS PRN for sedation. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- **Morphine 2 mg IV PUSH PERIOP_ONCE**
  - Comments: Administer Q2MINS PRN for sedation. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- **Versed 2 mg IV PUSH PERIOP_ONCE**
  - Comments: Administer Q2MINS PRN for sedation. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- **Haldol 5 mg IV PUSH PERIOP_ONCE**
  - Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Anticoagulants/Antiplatelets**

Intra-Op Medication (Strength Medication)

- **Angiomax 0.75 mg/kg IVPB PERIOP_ONCE**
  - Comments: Draw bolus amount from drip and administer. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

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**DRUG ALLERGIES**

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DRUG AND TREATMENT ORDERS
CARD Cardiac Catheterization

**doses administered**

Intra-Op Medication (IV Infusion)
- **Angiomax 250 mg/NS 50 mL 1.75 mg/kg/hr IV PERIOP_ONCE**
  - Comments: If patient weight is LESS than 98kg, dilute Angiomax 250 mg in NS 50 mL. Final concentration = 5 mg/mL. Document infusion begin and end times. Do not pull sheath for 2 hours after infusion discontinued. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

Intra-Op Medication (IV Infusion)
- **Angiomax 500 mg/NS 100 mL 1.75 mg/kg/hr IV PERIOP_ONCE**
  - Comments: If patient weight is GREATER than or EQUAL to 98kg, dilute Angiomax 500 mg in NS 100 mL. Final concentration = 5 mg/mL. Document infusion begin and end times. Do not pull sheath for 2 hours after infusion discontinued. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

Intra-Op Medication (Strength Medication)
- **Heparin 5000 unit IV PUSH PERIOP_ONCE**
  - Comments: Total dose administered will be documented on the eMAR. Please refer Cardiac Cath procedure documentation for individual doses administered.

Intra-Op Medication (Strength Medication)
- **Integrilin 180 mcg/kg IV PUSH PERIOP_ONCE**
  - Comments: May repeat dose in 10 minutes times 1 dose. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

Intra-Op Medication (IV Infusion)
- **Integrilin 75 mg/100 mL solution 2 mcg/kg/min IV PERIOP_ONCE (DEF)**
  - Comments: Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

Intra-Op Medication (IV Infusion)
- **Integrilin 75 mg/100 mL solution 1 mcg/kg/min IV PERIOP_ONCE**
  - Comments: For creatinine clearance LESS than 50 ml/min. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

Intra-Op Medication (Strength Medication)
- **Reopro 0.25 mg/kg IV PUSH PERIOP_ONCE**
  - Comments: IV bolus. MAXIMUM bolus dose = 18.5 mL

Intra-Op Medication (IV Infusion)
- **Reopro 9 mg/NS 250 mL IV Set 0.125 mcg/kg IV PERIOP_ONCE**
  - Comments: Maximum 10 mcg/min. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

**Contrast Media**

Intra-Op Medication (Volume Medication)
- **non-ionic contrast media (Optiray 350) 50 mL IATERIAL PERIOP_ONCE (DEF)**
  - Comments: Administered intracoronary.

Intra-Op Medication (Volume Medication)
- **non-ionic contrast media (Visipaque 320) 50 mL IATERIAL PERIOP_ONCE**
  - Comments: Administered intracoronary.

**Intra Coronary and Intra Arterial Agents**

Intra-Op Medication (Strength Medication)
- **Adenosine 90 mcg ICARDIAC PERIOP_ONCE**

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**DRUG AND TREATMENT ORDERS**

**CARD Cardiac Catheterization**

Comments: Administered intracoronary. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Intra-Op Medication (Strength Medication)**

- **Heparin 2000 unit IARTIAL PERIOP_ONCE**
  
  Comments: Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- **nitroprusside 50 mcg IARTIAL PERIOP_ONCE (DEF)**
  
  Comments: PRN vasospasms, given intracoronary. Titrate to effect. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- **nitroprusside 100 mcg IARTIAL PERIOP_ONCE**
  
  Comments: PRN vasospasms, given intracoronary. Titrate to effect. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Intra-Op Medication (Strength Medication)**

- **Nitroglycerin 200 mcg IARTIAL PERIOP_ONCE**
  
  Comments: Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Intra-Op Medication (Strength Medication)**

- **Nitroglycerin 100 mcg IARTIAL PERIOP_ONCE**
  
  Comments: Administer Intracoronary. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Intra-Op Medication (Strength Medication)**

- **Integrilin 180 mcg/kg IARTIAL PERIOP_ONCE**
  
  Comments: Administer Intracoronary. May repeat dose in 10 minutes times 1 dose. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Intra-Op Medication (Strength Medication)**

- **Reopro 0.25 mg/kg IARTIAL PERIOP_ONCE**
  
  Comments: IV bolus. MAXIMUM bolus dose = 18.5 mL. Administer Intracoronary

**Intra-Op Medication (Strength Medication)**

- **Verapamil 3 mg IARTIAL PERIOP_ONCE**
  
  Comments: For radial arteries. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Intra-Op Medication (Strength Medication)**

- **Verapamil 200 mcg ICARDIAC PERIOP_ONCE**
  
  Comments: Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Pressure Wire**

**Intra-Op Medication (Strength Medication)**

- **Adenosine FFR 140 mcg/kg/min IV PERIOP_ONCE (DEF)**
  
  Comments: Dilute 90 mg in NS 90 mL, yields 1 mg/mL. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- **Adenosine FFR 180 mcg/kg/min IV PERIOP_ONCE**
  
  Comments: Dilute 90 mg in NS 90 mL, yields 1 mg/mL. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

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**DRUG AND TREATMENT ORDERS**
**CARD Cardiac Catheterization**

...documented on the eMAR, Please refer to Cardiac Cath procedure documentation for individual doses administered...

**Antiplatelets PO**
Intra-Op Medication (Strength Medication)
- **Aspirin 324 mg PO PERIOP_ONCE** (DEF)*
  - Comments: Administer 4 - 81 mg chew tabs.
- **Aspirin 162 mg PO PERIOP_ONCE**
  - Comments: Administer 2 - 81 mg chew tabs.
- **Aspirin 325 mg PO PERIOP_ONCE**

Intra-Op Medication (Strength Medication)
- **Effient 60 mg PO PERIOP_ONCE**
  - Comments: Loading dose. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)
- **Effient 10 mg PO PERIOP_ONCE**
  - Comments: Maintenance Dose. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)
- **Plavix 75 mg PO PERIOP_ONCE** (DEF)*
  - Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered
- **Plavix 300 mg PO PERIOP_ONCE**
  - Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered
- **Plavix 600 mg PO PERIOP_ONCE**
  - Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)
- **Brilinta (ticagrelor) 90 mg PO PERIOP_ONCE** (DEF)*
  - **Brilinta (ticagrelor) 180 mg PO PERIOP_ONCE**

Intra-Op Medication (Strength Medication)
- **Pletal 100 mg PO PERIOP_ONCE**
  - Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Allergy Agents**
Intra-Op Medication (Strength Medication)
- **Benadryl 25 mg IV PUSH PERIOP_ONCE** (DEF)*
  - Comments: ONCE, for anaphylactic reaction
- **Benadryl 50 mg IV PUSH PERIOP_ONCE**
  - Comments: ONCE, for anaphylactic reaction

Intra-Op Medication (Strength Medication)
- **Epinephrine 0.3 mg SUBCUT PERIOP_ONCE**
  - Comments: Administer for anaphylactic reaction. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)
- **SoluMedrol 125 mg IV PUSH PERIOP_ONCE**

**PHYSICIAN SIGNATURE ____________________________ DATE __________ TIME ________**

**DRUG ALLERGIES** __________________________________________________________

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**DRUG AND TREATMENT ORDERS**

**CARD** Cardiac Catheterization

Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

☐ Zantac 50 mg IV PUSH PERIOP_ONCE

Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Antiarrhythmics**

Intra-Op Medication (Strength Medication)

☐ Adenosine 6 mg IV PUSH PERIOP_ONCE (DEF)*

Comments: Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

☐ Adenosine 12 mg IV PUSH PERIOP_ONCE

Comments: Administer Q5 MINS Int for SVT. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

☐ Amiodarone 150 mg IV PUSH PERIOP_ONCE (DEF)*

Comments: Infuse over 10 minutes. Dilute in 100mL of Normal Saline. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

☐ Amiodarone 300 mg IV PUSH PERIOP_ONCE

Comments: Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (IV Infusion)

☐ Amiodarone 450 mg/D5W 250 mL 1 mg/min IV PERIOP_ONCE

Comments: Begin infusion at 1 mg/min for 6 hours, then decrease rate to 0.5 mg/min. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

☐ Atropine 0.5 mg IV PUSH PERIOP_ONCE (DEF)*

Comments: Administer Q5MINS Int, bradycardia (heart rate LESS than 60 beats/min), maximum dose 3 mg. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

☐ Atropine 1 mg IV PUSH PERIOP_ONCE

Comments: Administer Q5MINS Int, bradycardia (heart rate LESS than 60 beats/min), maximum dose 3 mg. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

☐ Cardizem 10 mg IV PUSH PERIOP_ONCE

Comments: Guidelines: 0.25 mg/kg Bolus over 2 minutes. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (IV Infusion)

☐ Cardizem 100 mg/NS 100 mL 10 mg/hour IV PERIOP_ONCE

Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

☐ Digoxin 0.5 mg IV PUSH PERIOP_ONCE

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**DRUG AND TREATMENT ORDERS**

**CARD Cardiac Catheterization**

Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Intra-Op Medication (Strength Medication)**

- **Epinephrine 1 mg IV PUSH PERIOP_ONCE**
  Comments: Administer Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Intra-Op Medication (Strength Medication)**

- **Lidocaine 1 mg/kg IV PUSH PERIOP_ONCE**
  Comments: Administer Q5 MINS Int up to 3 mg/kg as needed for cardiac arrhythmias. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Intra-Op Medication (IV Infusion)**

- **Lidocaine 2g/D5W 500 mL 1 mg/min IV PERIOP_ONCE**
  Comments: Maximum: 4 mg/min. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Intra-Op Medication (Strength Medication)**

- **Lopressor 2.5 mg IVPB PERIOP_ONCE**
  Comments: Repeat Q5MINS Int for BP greater than and Heart rate Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Intra-Op Medication (Strength Medication)**

- **Vasopressin 40 unit IV PUSH PERIOP_ONCE**
  Comments: Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Antihypertensives**

- **(NOTE)*** ORAL
  **Intra-Op Medication (Strength Medication)**

- **Nitroglycerin 0.4 mg SUBLING PERIOP_ONCE, Duration: 3 dose**
  Comments: May repeat Q5MINS Int x 3 doses. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- **Procardia 10 mg PO PERIOP_ONCE**

- **(NOTE)*** IV PUSH
  **Intra-Op Medication (Strength Medication)**

- **Hydralazine 10 mg IV PUSH PERIOP_ONCE (DEF)***
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- **Hydralazine 20 mg IV PUSH PERIOP_ONCE**
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

**PHYSICIAN SIGNATURE __________________________________________ DATE __________ TIME _______**

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**DRUG ALLERGIES**

**WT: ** **KG**

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DRUG AND TREATMENT ORDERS
CARD Cardiac Catheterization

☐ Labetalol 5 mg IV PUSH PERIOP ONCE (DEF)*
  Comments: Administered for blood pressure. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses

☐ Labetalol 10 mg IV PUSH PERIOP ONCE
  Comments: Administered for blood pressure. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses

☐ Labetalol 20 mg IV PUSH PERIOP ONCE
  Comments: Administered for blood pressure. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses

Intra-Op Medication (Strength Medication)

☐ Vasotec 1.25 mg IV PUSH PERIOP ONCE (DEF)*
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

☐ Vasotec 2.5 mg IV PUSH PERIOP ONCE
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

***(NOTE)*** IV INFUSIONS

Intra-Op Medication (IV Infusion)

☐ Cardene 40 mg/200 mL 5 mg/hr IV PERIOP ONCE
  Comments: Start at 5 mg/hr, then increase by 2.5 mg/hr every 15 minutes up to 15 mg/hour. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (IV Infusion)

☐ Nipride 50 mg/D5W 250 mL IV Set 0.3 mcg/kg/min IV PERIOP ONCE
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Vasopressors

Intra-Op Medication (IV Infusion)

☐ DOPamine 400 mg/Dextrose (iso-osmotic) 250 mL 5 mcg/kg/min IV PERIOP ONCE
  Comments: Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (IV Infusion)

☐ DOBUTamine 250 mg/D5W 250 mL 2 mcg/kg/min IV PERIOP ONCE
  Comments: Titrate as directed. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (IV Infusion)

☐ Levophed 8 mg/D5W 250 mL IV Set 2 mg/min IV PERIOP ONCE
  Comments: Titrate as directed. MAXIMUM dose: 20 mg/min. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (IV Infusion)

☐ Epinephrine 8 mg/D5W 250 mL 2 mcg/min IV PERIOP ONCE
  Comments: Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

PHYSICIAN SIGNATURE ___________________________________ DATE __________ TIME __________

DRUG ALLERGIES ___________________________________________ WT: ___ KG ___

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ORDERS

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**DRUG AND TREATMENT ORDERS**  
CARD Cardiac Catheterization

- phenylephrine 100 mcg IV PUSH PERIOP_ONCE (DEF)*  
  Comments: IV bolus. Mix 10 mg phenylephrine with 100 mL NS. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- phenylephrine 200 mcg IV PUSH PERIOP_ONCE  
  Comments: IV bolus. Mix 10 mg phenylephrine with 100 mL NS. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- phenylephrine 300 mcg IV PUSH PERIOP_ONCE  
  Comments: IV bolus. Mix 10 mg phenylephrine with 100 mL NS. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (IV Infusion)

- Neo-Synephrine 50 mg/NS 250 mL IV Set 100 mcg/min IV PERIOP_ONCE  
  Comments: Titrate as directed. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (IV Infusion)

- Vasopressin 40 unit IV PERIOP_ONCE  
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Antibiotics**

Intra-Op Medication (Strength Medication)

- Ancef 1 g IVPB PERIOP_ONCE  
  Comments: Infuse over 30 minutes. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

- Vancomycin 500 mg IVPB PERIOP_ONCE (DEF)*  
  Comments: Infuse over 1 hour. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- Vancomycin 1000 mg IVPB PERIOP_ONCE  
  Comments: Infuse over 1 hour. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Antiemetics**

Intra-Op Medication (Strength Medication)

- Phenergan 12.5 mg IV PUSH PERIOP_ONCE  
  Comments: Administer as needed for nausea/vomiting. If the patient has an IV running, the Phenergan should be mixed in 10 mL of saline and administered slowly over 3 minutes at the port furthest away from the IV insertion site. If the patient does not have an IV running, the Phenergan should be mixed in 50 mL 0.9% Normal Saline and administered over 15 minutes. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

- Vancomycin 1000 mg IVPB PERIOP_ONCE  
  Comments: Infuse over 1 hour. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**DRUG ALLERGIES**  
WT: KG

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DRUG AND TREATMENT ORDERS
CARD Cardiac Catheterization

☐ Reglan 10 mg IV PUSH PERIOP_ONCE
Comments: Administer for nausea/vomiting. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

☐ Zofran 4 mg IV PUSH PERIOP_ONCE
Comments: Administer as needed for nausea/vomiting. Total dose administered will be documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Miscellaneous Intra-Op Medications

Intra-Op Medication (Strength Medication)

☐ Dextrose 50% (1 amp = 25 grams) 12.5 g IV PUSH PERIOP_ONCE
Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

☐ Dextrose 50% (1 amp = 25 grams) 25 g IV PUSH PERIOP_ONCE
Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

☐ Robinul 0.1 mg IV PUSH PERIOP_ONCE
Comments: May repeat every 3 minutes. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Anticoagulants

Intra-Op Medication (Strength Medication)

☐ Protamine sulfate 10 mg IV PUSH PERIOP_ONCE
Comments: 1 mg for every Heparin 100 units OR 10 mg for Heparin 1000 units IV slowly. Total dose = 50 mg in 10 minutes. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (IV Infusion)

☐ High Intensity Heparin Titrate as directed IV PERIOP_ONCE

Intra-Op Medication (IV Infusion)

☐ Low Intensity Heparin Titrate as directed IV PERIOP_ONCE

Insulins

Intra-Op Medication (Strength Medication)

☐ Insulin regular human 5 unit IV PUSH PERIOP_ONCE
Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Diuretics

Intra-Op Medication (Strength Medication)

☐ Bumex 0.5 mg IV PUSH PERIOP_ONCE (DEF)*
Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

☐ Bumex 1 mg IV PUSH PERIOP_ONCE
Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

☐ Lasix 20 mg IV PUSH PERIOP_ONCE (DEF)*
Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

PHYSICIAN SIGNATURE ________________________________ DATE _______ TIME _______

DRUG ALLERGIES

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ORDERS

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**DRUG AND TREATMENT ORDERS**  
CARD Cardiac Catheterization

- procedure documentation for individual doses administered

- **Lasix** 40 mg IV PUSH PERIOP_ONCE
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- **Lasix** 80 mg IV PUSH PERIOP_ONCE
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Electrolyte Replacement**

- Intra-Op Medication (Strength Medication)
  - **Calcium chloride** 500 mg IV PUSH PERIOP_ONCE (DEF)*
    Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered
  - **Calcium chloride** 1000 mg IV PUSH PERIOP_ONCE
    Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- Intra-Op Medication (Strength Medication)
  - **Calcium gluconate** 1 g IV PUSH PERIOP_ONCE
    Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- Intra-Op Medication (Strength Medication)
  - **Magnesium** 2g / NS 50 mL 2 g IVPB PERIOP_ONCE
    Comments: Infuse over 30 minutes

- Intra-Op Medication (Strength Medication)
  - **Potassium chloride** 20 mEq PO PERIOP_ONCE (DEF)*
    Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered
  - **Potassium chloride** 40 mEq PO PERIOP_ONCE
    Comments: Administer over 2 hours. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- Intra-Op Medication (Strength Medication)
  - **Potassium chloride** 20 mEq IV PERIOP_ONCE (DEF)*
    Comments: Administer over 2 hours. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered
  - **Potassium chloride** 40 mEq IV PERIOP_ONCE
    Comments: Administer over 2 hours. Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

**Intubation**

- Intra-Op Medication (IV Infusion)
  - **Propofol** 1000mg/100 mL 5 mcg/kg/min IV PERIOP_ONCE
    Comments: Begin infusion at 5 mcg/kg/min Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

- Intra-Op Medication (Strength Medication)
  - **Ativan** 1 mg IV PUSH PERIOP_ONCE (DEF)*

**PHYSICIAN SIGNATURE _____________________________ DATE __________ TIME _______

**DRUG ALLERGIES**

**WT:** _______ **KG**

**LABEL**

**ORDERS**

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ALL orders are active unless: 1. Order is manually lined through to inactivate 2. Orders with check boxes ( ) are unchecked

DRUG AND TREATMENT ORDERS
CARD Cardiac Catheterization

Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

☐ Ativan 2 mg IV PUSH PERIOP_ONCE
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

☐ Etomidate 20 mg IV PUSH PERIOP_ONCE
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

☐ Succinylcholine 0.3 mg IV PUSH PERIOP_ONCE (DEF)*
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

☐ Succinylcholine 0.6 mg IV PUSH PERIOP_ONCE
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

☐ Succinylcholine 1.1 mg IV PUSH PERIOP_ONCE
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

☐ Sodium Bicarbonate 25 mEq IV PUSH PERIOP_ONCE (DEF)*
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

☐ Sodium Bicarbonate 50 mEq IV PUSH PERIOP_ONCE
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (Strength Medication)

☐ Norcuron 0.08 mg/kg IV PUSH PERIOP_ONCE
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Intra-Op Medication (IV Infusion)

☐ Norcuron 100 mg / NS 100 mL IV Set 0.8 mcg/kg/min IV PERIOP_ONCE
  Comments: Titrate as directed to maximum 1.7 mcg/kg/min. Maintenance.

Intra-Op Medication (Strength Medication)

☐ Rocuronium 0.6 mg/kg IV PUSH PERIOP_ONCE
  Comments: Total dose administered document on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered

Reversal Agents

Intra-Op Medication (Strength Medication)

PHYSICIAN SIGNATURE ___________________________ DATE __________ TIME _______

DRUG ALLERGIES

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LABEL

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**DRUG AND TREATMENT ORDERS**
**CARD Cardiac Catheterization**

- **Narcan 0.1 mg IV PUSH PERIOP_ONCE (DEF)**
  - Comments: For sedation reversal. Total dose administered documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

- **Narcan 0.2 mg IV PUSH PERIOP_ONCE**
  - Comments: For sedation reversal. Total dose administered documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

- **Narcan 0.3 mg IV PUSH PERIOP_ONCE**
  - Comments: For sedation reversal. Total dose administered documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

- **Narcan 0.4 mg IV PUSH PERIOP_ONCE**
  - Comments: For sedation reversal. Total dose administered documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

- **Narcan 0.5 mg IV PUSH PERIOP_ONCE**
  - Comments: For sedation reversal. Total dose administered documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

**Intra-Op Medication (Volume Medication)**

- **Romazicon 0.1 mg IV PUSH PERIOP_ONCE (DEF)**
  - Comments: For sedation reversal. Total dose administered documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

- **Romazicon 0.2 mg IV PUSH PERIOP_ONCE**
  - Comments: For sedation reversal. Total dose administered documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

- **Romazicon 0.3 mg IV PUSH PERIOP_ONCE**
  - Comments: For sedation reversal. Total dose administered documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

- **Romazicon 0.4 mg IV PUSH PERIOP_ONCE**
  - Comments: For sedation reversal. Total dose administered documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

- **Romazicon 0.5 mg IV PUSH PERIOP_ONCE**
  - Comments: For sedation reversal. Total dose administered documented on the eMAR. Please refer to Cardiac Cath procedure documentation for individual doses administered.

**Respiratory**

**Intra-Procedure Respiratory Care**

- **ABG/VBG: STAT, PERIOP_ONCE (DEF)**
- **ABG/VBG: Routine, PERIOP_ONCE**

**Post Procedure**

**Non Categorized**

- **Post Procedure***
  - **(NOTE)** Formal Inpatient Admission should be ordered following a procedure when there is a problem or complication warranting more than 2 midnights to evaluate the patient's condition or to stabilize the patient before discharge. (Please document your rationale for 2 midnights in the record.)

- **(NOTE)** Observation should be ordered following a procedure when there is a problem or complication warranting additional hospital time (less than 2 midnights) and resources (post normal recovery) to evaluate the condition or stabilize the patient before discharge.

- **SUB CARD Post Procedure Inpatient (SUB)**
  - **(NOTE)** Reminder: SUB CARD Post Procedure Inpatient (SUB) on a separate form

**PHYSICIAN SIGNATURE**

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**DRUG ALLERGIES**

| WT: | KG |

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DRUG AND TREATMENT ORDERS
CARD Cardiac Catheterization

☐ SUB CARD Post Procedure Outpatient (SUB)*
   ***Reminder: SUB CARD Post Procedure Outpatient (SUB) on a separate form***

☐ SUB CARD Post Percutaneous Catheter Intervention (PCI) (SUB)*
   ***Reminder: SUB CARD Post Percutaneous Catheter Intervention (PCI) (SUB) on a separate form***

Hemostasis Technique
☐ SUB Hemostasis with Angiomax (bivalirudin) (SUB)*

SUB Hemostasis with Angiomax (bivalirudin)

Vital Signs
☐ Vital Signs
   ASDIR, Q15MINS x 2, then Q30MINS x 2, Q1H x 4, then Routine. If patient is admitted, progress to routine vital signs per unit policy, after recover vital signs. Assess neuro/circulation status of affected extremity with each pulse check

☐ Neurovascular Check Monitoring
   Q15MINS Int, 4, times, Assess for bleeding and document pulses distal to cath site with each vital sign. Assess neuro/circulation status of affected extremity with each pulse check

+1 Hours Neurovascular Check Monitoring
   Q30MINS Int, 4, times, Assess for bleeding and document pulses distal to cath site with each vital sign. Assess neuro/circulation status of affected extremity with each pulse check

+3 Hours Neurovascular Check Monitoring
   Q1H Int, 4, times, Assess for bleeding and document pulses distal to cath site with each vital sign. Assess neuro/circulation status of affected extremity with each pulse check

Activity
☐ Reverse Trendelenburg
   PRN Order, May place in reverse trendelenberg as needed

☐ Elevate Head of Bed
   30 Degrees, 30-40 degrees 4 hours post sheath removal

***(NOTE)*** For the Bedrest Activity orders, the Duration and Duration unit order details must be satisfied after calculating the appropriate duration based on procedure end time.

☐ Activity
   Bedrest, 8, hour, May log roll to operative leg side with nurse's assistance and NO BENDING of operative leg (DEF)*
   Bedrest, With operative leg straight (NO bending) for 6 hours post sheath removal. May log roll to operative leg side with nurses assistance and NO BENDING of operative leg

***(NOTE)*** For the Dangle and Ambulate in Room Activity orders, the Offset Details must be satisfied after calculating the appropriate start time based on expiry of Bedrest order.

☐ Activity
   Bedrest, Bedrest until AM then Dangle in AM

☐ Activity
   Dangle at Bedside, Dangle feet at bedside, 6 hours post hemostasis/femostop removal. If no complications with procedural site while dangling, may progress with ambulation and bathroom privileges as tolerated

☐ +8 Hours Activity
   Ambulate in Room, With BRP

Nursing Orders
☐ Remove
   Remove/Pull Arterial and/or Venous Sheath. 2 Hours Post Angiomax procedure (DEF)*

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DRUG ALLERGIES

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**DRUG AND TREATMENT ORDERS**

**CARD Cardiac Catheterization**

Remove/Pull Arterial and/or Venous Sheath. 3 Hours Post Angiomax procedure for dialysis patients or patients with GFR less than 30 mL/min

- **Dressing Removal**
  - Remove 2 hours after Angiomax
- +20 Hours Wound Care
  - DAILY, Clean site with Chloraprep and apply adhesive bandage

☐ SUB Hemostasis with Arterial Closure Device (SUB)*

**SUB Hemostasis with Arterial Closure Device**

**Condition/Status**

- Communication Order
  - The following Vascular Closure Device was used: Star Close (DEF)*
  - The following Vascular Closure Device was used: Angioseal
  - The following Vascular Closure Device was used: Mynx
  - The following Vascular Closure Device was used: Perclose
  - The following Vascular Closure Device was used: Prostar

**Vital Signs**

- Vital Signs
  - ASDIR, Q15MINS x 4, then Q30MINS x 4, then Q1H x 4 and then Routine. If patient is admitted, progress to routine vital signs per unit policy, after recovery vital signs. Assess neuro/circulation status of affected extremity with each pulse check

- Neurovascular Check Monitoring
  - Q15MINS Int, 4, times, Assess for bleeding and document pulses distal to cath site with each vital sign. Assess neuro/circulation status of affected extremity with each pulse check

- +1 Hours Neurovascular Check Monitoring
  - Q30MINS Int, 4, times, Assess for bleeding and document pulses distal to cath site with each vital sign. Assess neuro/circulation status of affected extremity with each pulse check

- +3 Hours Neurovascular Check Monitoring
  - Q1H Int, 4, times, Assess for bleeding and document pulses distal to cath site with each vital sign. Assess neuro/circulation status of affected extremity with each pulse check

**Activity**

- **Reverse Trendelenburg**
  - PRN Order, May place in reverse trendelenberg as needed.

- **Elevate Head of Bed**
  - 30 Degrees, 4, hour, 30-40 degrees; post sheath removal

***(NOTE)*** For the Bedrest Activity orders, the Duration and Duration unit order details must be satisfied after calculating the appropriate duration based on procedure end time.

- **Activity**
  - Bedrest, 8, hour, May log roll to operative leg side with nurse's assistance and NO BENDING of operative leg (DEF)*
  - Bedrest, 6, hour, Post Sheath Removal. With operative leg straight (NO BENDING). May log roll to operative leg side with nurse's assistance and NO BENDING of operative leg.

☐ **Activity**

- Bedrest, until AM then Dangle in AM

**PHYSICIAN SIGNATURE _____________________________ DATE ______ TIME ______

**DRUG ALLERGIES**

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**LABEL**

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**DRUG AND TREATMENT ORDERS**

**CARD Cardiac Catheterization**

****(NOTE)*** For the Dangle and Ambulate in Room Activity orders, the Offset Details must be satisfied after calculating the appropriate start time based on expiration of Bedrest order.

- **Activity**
  - Dangle at Bedside, 4, hour, Dangle Feet at Bedside, post arterial closure device used. If no complications with procedural site while dangling, may progress with ambulation and bathroom privileges as tolerated

- **+8 Hours Activity**
  - Ambulate in Room, With BRP

**Nursing Orders**

- Communication Order
  - Do not apply femostop or sandbag over cath site unless ordered by physician

- Dressing Removal
  - Remove tegaderm dressing in AM post procedure

- **+20 Hours** Wound Care
  - DAILY, Clean site with Chloraprep and apply adhesive bandage

****(NOTE)*** If selecting SUB Hemostasis with Femostop Device or SUB Hemostasis with Manual Pressure please also select SUB ACT Post Intervention

- **SUB Hemostasis with Femostop Device (SUB)**
  - **SUB Hemostasis with Femostop Device**
  - **Vital Signs**
    - ASDIR, Q15MINS x 2, then Q30MINS x 2, Q1H x 4, then Routine. If patient is admitted, progress to routine vital signs per unit policy, after recover vital signs. Assess neuro/circulation status of affected extremity with each pulse check

- **Neurovascular Check Monitoring**
  - Q15MINS Int, 2, times, Assess for bleeding and document pulses distal to cath site with each vital sign

- **+30 Minutes** Neurovascular Check Monitoring
  - Q30MINS Int, 2, times, Assess for bleeding and document pulses distal to cath site with each vital sign

- **+90 Minutes** Neurovascular Check Monitoring
  - Q1H Int, 4, times, Assess for bleeding and document pulses distal to cath site with each vital sign

**Activity**

- Reverse Trendelenburg
  - PRN Order, May place in reverse trendelenberg as needed.

- Elevate Head of Bed
  - 30 Degrees, 4, hour, 30-40 degrees; post sheath removal

****(NOTE)*** For the Bedrest Activity orders, the Duration and Duration unit order details must be satisfied after calculating the appropriate duration based on procedure end time.

- **Activity**
  - Bedrest, 8, hour, May log roll to operative leg side with nurse's assistance and NO BENDING of operative leg (DEF) *
  - Bedrest, 6, hour, Post Sheath Removal. With operative leg straight (NO BENDING). May log roll to operative leg side with nurse’s assistance and NO BENDING of operative leg.

****(NOTE)*** For the Dangle and Ambulate in Room Activity orders, the Offset Details must be satisfied after calculating the appropriate start time based on expiration of Bedrest order.

- **Activity**
  - PHYSICIAN SIGNATURE _______________________________________________ DATE __________ TIME _______

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**DRUG AND TREATMENT ORDERS**

**CARD Cardiac Catheterization**

- **Bedrest, until AM then Dangle in AM**
  - **Activity**
    - Dangle at Bedside, 6, hour, Post hemostasis/femostop removal. Dangle feet at bedside. If no complications with procedural site while dangling, may progress with ambulation and bathroom privileges as tolerated.

- **+8 Hours Activity**
  - Ambulate in Room, With BRP

**Nursing Orders**

- **Apply Femostop**
  - ONCE, Pressure Setting: 0-20 mmHg, Special Instructions: If Femostop pressure is at 20 mmHg, release femostop pressure for 5 minutes every hour; Document femostop pressure with each pulse check.

- **Communication Order**
  - When hemostasis achieved, continue to apply low pressure at 0-20 mmHg for 4 hours. Maximum of 12 hours

- **Communication Order**
  - Check site for hematoma and document pedal pulses and vital signs every 15 minutes x 4, every 30 minutes x 2, then hourly while femostop in place

- **Communication Order**
  - When femostop discontinued, check and document site and distal pulses every 30 minutes x 2, every hour x 2, then with each routine vital sign.

- **Wound Care**
  - DAILY, Clean site with Cloraprep and apply adhesive bandage

- **Dressing Removal**
  - Remove tegaderm dressing in AM post procedure

- **SUB Hemostasis with Manual Pressure (SUB)**
  - **SUB Hemostasis with Manual Pressure**
  - **Vital Signs**
    - **Vital Signs**
      - ASDIR, Q15MINS x 4, then Q30MINS x 2, then Q1H x 4 and then Routine. If patient is admitted, progress to routine vital signs per unit policy, after recovery vital signs. Assess neuro/circulation status of affected extremity with each pulse check

  - **Neurovascular Check Monitoring**
    - Q15MINS Int, 4, times, Assess for bleeding and document pulses distal to cath site with each vital sign

  - **+1 Hours Neurovascular Check Monitoring**
    - Q30MINS Int, 2, times, Assess for bleeding and document pulses distal to cath site with each vital sign

  - **+2 Hours Neurovascular Check Monitoring**
    - Q1H Int, 4, times, Assess for bleeding and document pulses distal to cath site with each vital sign

- **Activity**
  - Reverse Trendelenburg
    - PRN Order, May place in reverse trendelenberg as needed.

  - Elevate Head of Bed
    - 30 Degrees, 4, hour, 30-40 degrees; post sheath removal

  **(NOTE)** For the Bedrest Activity orders, the Duration and Duration unit order details must be satisfied after calculating the appropriate duration based on procedure end time.

**PHYSICIAN SIGNATURE ___________________________________ DATE __________ TIME _______

**DRUG ALLERGIES**

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**LABEL**

**ORDERS**

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DRUG AND TREATMENT ORDERS
CARD Cardiac Catheterization

☐ Activity
Bedrest, 8, hour, May log roll to operative leg side with nurse's assistance and NO BENDING of operative leg (DEF)*
Bedrest, 6, hour, Post Sheath Removal. With operative leg straight (NO BENDING). May log roll to operative leg side with nurse's assistance and NO BENDING of operative leg.

*** (NOTE)*** For the Dangle and Ambulate in Room Activity orders, the Offset Details must be satisfied after calculating the appropriate start time based on expiration of Bedrest order.

☐ Activity
Bedrest, until AM then Dangle in AM

☐ Activity
Dangle at Bedside, 6, hour, Post hemostasis/femostop removal. Dangle feet at bedside. If no complications with procedural site while dangling, may progress with ambulation and bathroom privileges as tolerated.

☐ +8 Hours Activity
Ambulate in Room, With BRP

Nursing Orders
☑ Place Sandbag
ONCE, 4, hour, 5 pounds to affected groin for 4 hours

☑ Dressing Removal
Remove pressure dressing at 0600 AM if no complications with groin

☐ +20 Hours Wound Care
DAILY, Clean site with Chloraprep and apply adhesive bandage

Radial, Brachial, and Arm Access
☑ Communication Order
Apply manual pressure for 20 minutes

☑ Communication Order
Apply manual pressure for 10 minutes and then apply "pressure band"

☑ Communication Order
Finger and Capillary Refill checks

☐ SUB ACT Post Intervention (SUB)*

SUB ACT Post Intervention Nursing Orders
☐ ACT for Sheath Removal
Nursing to draw iSTAT ACT one hour post Heparin bolus. If GREATER than 160 seconds, repeat Q1H Int until LESS than 160 seconds

☐ Remove Sheath
ASDIR, Remove sheath when ACT LESS than 160 seconds

☐ SUB CARD Radial Intervention (SUB)*

SUB CARD Radial Intervention Activity
☑ Activity
Bedrest with BRP. Avoid flexion or extension of the affected wrist for 24 hours. Patient should not subject the procedural arm/hand to support weight when rising from a chair/bed for 24 hours.

Nursing Orders

PHYSICIAN SIGNATURE ___________________________________ DATE __________ TIME _______

DRUG ALLERGIES
WT: _______ KG

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DRUG AND TREATMENT ORDERS
CARD Cardiac Catheterization

☐ Monitor for
  Site for bleeding, hematoma or ischemia.

☐ Pulse Oximetry (Continuous)
  Special Instructions: Oximetry with Recording, place on effected extremity using index finger/thumb
  Comments: Q8H sensor site must be inspected. IF circulatory condition or skin integrity has changed, the sensor should be applied to a different site.

☐ Vital Signs
  Q15MINS Int, 4 times
  +60 Minutes Vital Signs
  Q30MINS Int, 2 times
  +120 Minutes Vital Signs
  Q1H Int

☐ Neurovascular Check Monitoring
  Q15MINS Int, 4 times, Check color, temperature, sensation and capillary refill with vital signs
  +60 Minutes Neurovascular Check Monitoring
  Q30MINS Int, 2 times, Check color, temperature, sensation and capillary refill with vital signs
  +120 Minutes Neurovascular Check Monitoring
  Q1H Int, Check color, temperature, sensation and capillary refill with vital signs

☐ Notify Physician
  Other (See Special Instructions) See order comments
  Comments: If circulation of the hand compromised as evidenced by change in color, temperature, sensation, capillary refill or poor oximetry waveform. If uncontrolled bleeding at site remove TR band, apply manual pressure, elevate arm, call physician and cath lab STAT

***(NOTE)*** TR Band Option 1

☐ TR Band
  ONCE
  Comments: Wait 2 hours post procedure, remove 3 mL of air every 15 minutes until TR Band is deflated. If care provider observes a flash of blood while deflating re-inject 1 mL of air at a time until bleeding stops. Wait 15 more minutes and repeat procedure. When TR band is deflated, maintain band on wrist 2 additional hours, then remove if stable. Apply sterile dressing to site once removed. Apply arm board to affected site

***(NOTE)*** TR Band Option 2

☐ TR Band
  ONCE
  Comments: Wait 1 hour post procedure, remove 2 mL of air every 5 minutes until TR Band is deflated. If care provider observes a flash of blood while deflating re-inject 1 mL of air at a time until bleeding stops. Wait 15 more minutes and repeat procedure. When TR band is deflated, maintain band on wrist 2 additional hours, then remove if stable. Apply sterile dressing to site once removed. Apply arm board to affected site

☐ Hemo Band
  ONCE
  Comments: Wait 2 hours post procedure, decrease pressure by 1 notch every 30 minutes until pressure released. If care provider observes flash of blood, retighten to initial setting. Wait 30 minutes and try again. When pressure has been released, maintain Hemoband in place for 2 additional hours and then remove if stable. Apply sterile dressing to site. Apply arm board to affected site for 24 hours.

PHYSICIAN SIGNATURE ____________________________ DATE ________ TIME _______

DRUG ALLERGIES
WT: ___________ KG

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DRUG AND TREATMENT ORDERS
CARD Cardiac Catheterization

☐ SUB CARD Radial Diagnostic Catherization (SUB)*

SUB CARD Radial Diagnostic Catherization
Activity
☐ Activity

Bedrest with BRP, Avoid flexion or extension of the affected wrist for 24 hours. Patient should not subject the procedural arm/hand to support weight when rising from a chair/bed for 24 hours.

Nursing Orders
☐ Monitor for
Site for bleeding, hematoma or ischemia.

☐ Pulse Oximetry (Continuous)
Special Instructions: Oximetry with Recording, place on effected extremity using index finger/thumb
Comments: Q8H sensor site must be inspected. IF circulatory condition or skin integrity has changed, the sensor should be applied to a different site.

☐ Vital Signs
Q15MINS Int, 4 times

☐ +60 Minutes Vital Signs
Q30MINS Int, 2 times

☐ +120 Minutes Vital Signs
Q1H Int

☐ Neurovascular Check Monitoring
Q15MINS Int, 4 times, Check color, temperature, sensation and capillary refill with vital signs

☐ +60 Minutes Neurovascular Check Monitoring
Q30MINS Int, 2 times, Check color, temperature, sensation and capillary refill with vital signs

☐ +120 Minutes Neurovascular Check Monitoring
Q1H Int, Check color, temperature, sensation and capillary refill with vital signs

☐ Notify Physician
Other (See Special Instructions) If circulation of the hand compromised as evidenced by change in color, temperature, sensation, capillary refill or poor oximetry waveform. If uncontrolled bleeding at site remove TR band, apply manual pressure, elevate ar

☐ TR Band
ONCE
Comments: Wait 30 minutes post procedure, remove 3 mL of air every 15 minutes until TR Band is deflated. If care provider observes a flash of blood while deflating re-inject 1 mL of air at a time until bleeding stops. Wait 15 more minutes and repeat procedure. When TR band is deflated, maintain band on wrist 2 additional hours, then remove if stable. Apply sterile dressing to site once removed. Apply arm board to affected site.

☐ Hemo Band
ONCE
Comments: Wait 30 minutes post procedure, decrease pressure by 1 notch every 30 minutes until pressure released. If care provider observes flash of blood, retighten to initial setting. Wait 30 minutes and try again. When pressure has been released, maintain Hemoband in place for 2 additional hours and then remove if stable. Apply sterile dressing to site. Apply arm board to affected site for 24 hours.

Additional Subphases

PHYSICIAN SIGNATURE ___________________________ DATE __________ TIME _______

DRUG ALLERGIES ___________________________

WT:  __________  KG

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ORDERs
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**DRUG AND TREATMENT ORDERS**
**CARD Cardiac Catheterization**

- GEN Correction Insulin (Sliding Scale) (SUB)*
  - ***Reminder: GEN Correction Insulin (Sliding Scale) (SUB) on a separate form***
- Indwelling Urinary Catheter (Foley) (SUB)*

**Nursing Orders**
- Insert Indwelling Urinary Catheter
- Indwelling Urinary Catheter Care *Q12H*
- MED High Intensity Heparin (SUB)*
  - ***Reminder: MED High Intensity Heparin (SUB) on a separate form***
- MED Low Intensity Heparin (SUB)*
  - ***Reminder: MED Low Intensity Heparin (SUB) on a separate form***

**Discharge Phase**
**Non Categorized**
- SUB CARD Diagnostic Cath Discharge (SUB)*
  - ***Reminder: SUB CARD Diagnostic Cath Discharge (SUB) on a separate form***
- SUB CARD Interventional Cath Discharge (SUB)*
  - ***Reminder: SUB CARD Interventional Cath Discharge (SUB) on a separate form***
- SUB CARD Radial Discharge (SUB)*

**SUB CARD Radial Discharge**
**Condition/Status**
- Discharge Patient (Depart Process)
- Discharge Pending
- Cleared for Discharge by Consulting Physician
- Reason ACEI Not Prescribed at Discharge
- Reason ARB Not Prescribed at Discharge
- Reason Aspirin Not Prescribed at Discharge
- Reason Beta-Blocker Not Prescribed at Discharge
- Reason Statin Not Prescribed at Discharge
- Reason Alcohol/Substance Abuse Medication Not Prescribed

**Diet**
- Discharge Diet
  - Other: See Free Text Diet, Low Fat, Low Cholesterol
  - Comments: Check with your physician prior to discharge about taking your Metformin (Glucophage) or Metformin containing medication (Metaglip, Glucovance, Avandamet) after your stent placement.

**Activity**
**For 24 Hours after the Procedure**
- Activity After Discharge
  - Other: See Special Instructions
  - Comments: Do not subject hand/arm to any forceful movements for 24 hours i.e. supporting weight when rising from a chair or bed. Do not drive a car for 24 hours. The dressing on the puncture site may be removed after 24 hours and replaced with a Band-Aid or left open to air. You may shower on the day following your procedure. Do not take a tub bath or submerge the

**PHYSICIAN SIGNATURE ____________________________ DATE __________ TIME _______

**DRUG ALLERGIES**

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**LABEL**

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**DRUG AND TREATMENT ORDERS**
CARD Cardiac Catheterization

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**puncture site in water for 3 days following the procedure.**

**For 48 Hours after the Procedure**

- Activity After Discharge
  - Other: See Special Instructions
  Comments: Do not operate any heavy machinery like a lawnmower, motorcycle, chainsaw or all-terrain vehicle for 2 days following discharge. Do not lift anything heavier than 1 pound with affected arm. Avoid excessive wrist movement. Avoid heavy lifting with affected arm for 2 days following discharge. Do not engage in vigorous exercise (i.e. Tennis, Golf) using the affected arm for 2 days following discharge.

**Nursing Orders**

- Call Physician for Worsening Symptoms
  - Other: See Special Instructions
  Comments: If bleeding should occur following discharge, sit down and apply firm pressure to site with your fingers x 10 minutes. If the bleeding stops, continue to sit quietly, keeping your wrist straight for 2 hours. Notify your physician as soon as possible. If bleeding does not stop after 10 minutes or if there is a large amount of bleeding or spurting, call 911 immediately. Do not drive yourself to the hospital. Expect mild tingling of hand and tenderness at the puncture site for up to 3 days. If this persists or other symptoms develop, included, but not limited to: change in color or temperature of the hand or arm; redness, heat, or pus at the puncture site; chills or fever greater than 100.4F, notify your physician.

- Reason Referral for Addictions Treatment Not Provided
- Discharge Treatments/Instructions
- Planned Diagnostic Procedures
- Smoking Cessation Follow Up Information
- Reason Tobacco Cessation Med Not Given
- Additional Discharge Instructions

- **CARD Discharge Prescription Power Plan (SUB)**
  - **Reminder:** CARD Discharge Prescription Power Plan (SUB) on a separate form

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**PHYSICIAN SIGNATURE** ________________________ DATE _________ TIME _________

**DRUG ALLERGIES**

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<th>WT:</th>
<th>KG</th>
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