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INDICATORS/DIAGNOSIS _____

ALLERGY	REACTION

Ht: _____ Wt: _____

 Smoker: Yes No

PRE-CARDIAC CATHETERIZATION ORDERS

Name:	DOB:	Home phone:	Cell:
Diagnosis:	Scheduled for Date:	Time:	
Procedure (CPT Code):	H&P performed by:		
ICD10 Code:			
Procedure permit to read: Cardiac catheterization and coronary angiography with possible percutaneous coronary intervention; possible insertion of intra-aortic balloon pump; possible temporary pacemaker; possible emergent coronary artery bypass graft surgery.			
NPO six (6) hours prior to procedure unless otherwise ordered by physician. Home medications per Pre-cardiac/Interventional Radiology guidelines. May give medications with sip of water as instructed by physician.			
<input type="checkbox"/> Hold morning dose of insulin and all oral diabetic medications. If on metformin (GLUCOPHAGE) or metformin-containing medications, hold for 24 hours.			
LABS & DIAGNOSTICS (Required diagnostic tests within 30 days please place on chart):			
Testing ordered	Completed		
<input type="checkbox"/> CBC			
<input type="checkbox"/> BMP			
<input type="checkbox"/> PT			
<input type="checkbox"/> PTT			
<input type="checkbox"/> Magnesium			
<input type="checkbox"/> Fasting lipid profile			
<input type="checkbox"/> HbA1C			
<input type="checkbox"/> Serum HCG (if not menstrual period free for 1 year)			
<input type="checkbox"/> If on chronic warfarin (COUMADIN) therapy, PT/INR morning of surgery.			
<i>Call implanting physician if INR result is 1.3 or greater</i>			
<input type="checkbox"/> EKG (if not done within last 30 days)			
<input type="checkbox"/> Chest X-ray (if not done within last 3 months)			
Call physician for further orders if serum creatinine level is above _____			
"Cardiac Catheterization" teaching prior to procedure			
If post-CABG, obtain operative report.			

Pre procedural medications on call to lab. Check those that apply:

- diazepam** (VALIUM) 5mg PO **diazepam** (VALIUM) 10mg PO
 diphenhydramine (BENADRYL) 25mg PO **diphenhydramine** (BENADRYL) 50mg PO

Hold **heparin** on-call to Cath Lab

Insert intravenous catheter on opposite upper extremity of planned access site (if planned radial artery access). Start 0.9% normal saline IV at 100 mL/hour unless otherwise indicated. All intravenous fluids require extension tubing.

Lidocaine (XYLOCAINE MPF) 10mg/mL (1%) injection 0.25mL, intradermal or transdermal, as needed for pre-procedure IV start.

- IV fluids _____ at _____ mL/hour
 Insert Saline Lock intravenous catheter on either upper extremity only (no IV fluids to be infused pre-procedure).

Notify physician if patient has iodine or seafood allergy.

Patient to continue on antiplatelet medications if taking, but not limited to:

Aspirin, clopidogrel (PLAVIX), **prasugrel** (EFFIENT), **ticagrelor** (BRILINTA) including morning of procedure.

- If patient is NOT routinely taking antiplatelet, instruct patient to take _____ mg of aspirin morning of procedure.

Patient is to discontinue anticoagulants:

- heparin** for _____ **hours** before procedure
 warfarin (COUMADIN) for _____ days before procedure
 dabigatran (PRADAXA) for _____ days before procedure
 enoxaparin (LOVENOX) for _____ days before procedure
 rivaroxaban (XARELTO) for _____ days before procedure
 fondaparinux (ARIXTRA) for _____ days before procedure

Additional orders:

Physician's Name (Please Print)

Physician Signature

ID#

Date

Time