Physician Orders ADULT: PCI Post Procedure Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
   Phase: PCI Post Procedure Phase, When to Initiate:____________________
☑ Initiate Powerplan Phase
   Phase: Post Cath/PCI Hydration Protocol Phase, When to Initiate: Other—See Special Instructions, When patient arrives to post procedure recovery area., T;N

PCI Post Procedure Phase
Non Categorized
☑ Chest Pain, AMI Quality Measures
   T;N

Admission/Transfer/Discharge
   NOTE: To update the patient's admission status, please place the Patient Stats Change order to reflect appropriate status. (NOTE)*
   ☐ Return Patient to Room
   T;N
   ☐ Transfer Pt within current facility
   ☐ Notify Physician-Once
   Notify: physician, Notify For: of room number upon admission
   To Adhere to Regulatory guidelines, If there was a MEDICAL (non equipment related) reason for a PCI delay, document the Reason below: (NOTE)*
   ☐ Reason for PCI Delay
   ☐ Reason for PCI Not Primary

Vital Signs
☑ Vital Signs
   Monitor and Record Pulse | Resp Rate | Blood Pressure, including distal pulses q15min X4 occurrences, q30min X2 occurrences, then qhr x 2, then routine. If there is any change in the pt's neurovascular status for physician should be notified immediately.

Activity
☐ Bedrest
   For 4 hr, Bedrest for 4 hours post PCI
☑ Bedrest
   For 6 hr, post PCI
☐ Bedrest
   For 1 hr, Bedrest for 1 hr after closure device
☑ Out Of Bed
   Up Ad Lib, after bedrest is complete, post PCI

Food/Nutrition
☐ AHA Diet
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☐ AHA Diet
  Adult (>18 years), Caloric Level: 1800 Calorie, Sodium Restriction: Low Sodium

☐ AHA Diet
  Caloric Level: 1800 Calorie

☐ Consistent Carbohydrate Diet
  Caloric Level: 1800 Calorie, Sodium Restriction: Low Sodium, Low Cholesterol

Patient Care

☐ Catheterize In/Out
  Routine, PRN, If patient unable to void within____ hours

☐ Elevate Head Of Bed
  30 degrees Keep head of bed flat for___ hours. After sheath removal, keep HOB flat ____ hours, then raise HOB 30 degrees.

☐ Check Cath Site
  q30min, For 2 hr, then routine, check for distal pulse

If patient has sheath order the following:(NOTE)*

☐ ACT Bedside-NSG
  q1h, until <180 sec, then may discontinue this order

☐ ACT- LR POC- Nsg
  until <180 sec, then may discontinue this order

☐ ACT- Plus POC- Nsg

☐ Sheath Remove
  Special Instructions: When ACT <180 sec

☐ Sheath Remove
  Special Instructions: 2 hours after Angiomax infusion is terminated

☐ Vascular Compression Apply
  Method: Femostop, Routine

☐ Vascular Compression Apply
  Method: C-Clamp, Routine

☐ Transradial Band Instructions
  T:N, POST ANGIOPLASTY REMOVAL: After 90 minutes, release 2mL of air from the R-Band every 10 mins until the balloon is deflated. If bleeding occurs at all during the process, inject air to restore hemostasis. Wait 30mins and then start process again.

☐ Transradial Band Instructions
  T:N, POST CATH REMOVAL: After 30 minutes, release 2mL of air from the R-Band every 10 mins until the balloon is deflated. If bleeding occurs at all during the process, inject air to restore the hemostasis. Wait 30mins and then start process again.

If Transradial band is used, place orders for Cath Site Checks below.(NOTE)*

☐ Check Cath Site
  Routine, q15min, For 1 hr, check radial site

☐ Check Cath Site
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Routine, q30min, For 2 hr, check radial site, T;N+60

☐ Check Cath Site
  Routine, q1h(std), until stable. Check radial site

☐ Check Cath Site
  Routine, After patient stable, do routine radial site checks, T;N+180

☐ Instruct/Educate
  Instruct: Patient/family, Method:, Topic: Low cholesterol diet

☐ Instruct/Educate
  Instruct: Patient/family, Method:, Topic: Heart attack

☐ Instruct/Educate
  Instruct: Patient/family, Method:, Topic: CHF

☐ Smoking Cessation Advice/Counseling

☐ IV Insert/Site Care
  q4day

Nursing Communication

☐ Nursing Communication
  T;N, Give patient or family member information and ID card from device manufacturer, including closure device if used

☐ Nursing Communication
  T;N, Physician may discharge the patient before the patient has completed the vital sign monitoring/distal pulse monitoring schedule as mentioned above.

☐ Nursing Communication
  Consult company representative to evaluate need for wearable cardiac defibrillator for new onset heart failure with Left Ventricular Ejection Fraction less than 35%

Medications

NOTE: Do not administer anticoagulants the day of the PCI procedure. In addition, please review and address any pre-procedure anticoagulant orders.(NOTE)*

☐ VTE MEDICAL Prophylaxis Plan(SUB)*
  In addition to this Plan, please use the "Cardiology Protocol Orders " if needed for this patient.(NOTE)*
  To adhere to American College of Cardiology standards, Select a P2Y12 inhibitor below. If the therapy is contraindicated and will not be ordered as a discharge prescription, document the Reason P2Y12 Not Prescribed at Discharge below:(NOTE)*

☐ Reason P2Y12 Inhibitor not Prescribed at Discharge

☐ +1 Hours clopidogrel
  75 mg, Tab, PO, QDay, Routine

☐ ticagrelor
  90 mg, Tab, PO, bid, Routine
  Comments: Start at 22:00 on day of PCI. Maximum aspirin dose is 81 mg.
  By ordering Prasugrel, the MD acknowledges patient has no history of stroke or TIA.(NOTE)*

☐ +1 Hours prasugrel
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10 mg, Tab, PO, QDay, Routine

+1 Hours prasugrel
5 mg, Tab, PO, QDay, Routine
Comments: order 5 mg if weight less than 60 kg
To Adhere to guidelines, if Aspirin has not been administered within 24 hours prior to admission select aspirin below. If Aspirin is contraindicated, document Reason Aspirin Not Given on Arrival below:(NOTE)*

+1 Hours aspirin
81 mg, DR Tablet, PO, QDay, Routine
Reason Aspirin Not Given on Arrival
To Adhere to guidelines, if Beta-Blocker therapy is contraindicated and will not be ordered as a discharge prescription, document the Reason Beta-Blocker Not Prescribed at Discharge below:(NOTE)*

+1 Hours atenolol
50 mg, Tab, PO, QDay, Routine
Comments: hold atenolol if HR less than 60 or systolic BP less than 90

+1 Hours metoprolol tartrate
12.5 mg, Tab, PO, q12h, Routine
Comments: hold metoprolol if HR less than 60 or systolic BP less than 90

+1 Hours metoprolol tartrate
25 mg, Tab, PO, q12h, Routine
Comments: hold metoprolol if HR less than 60 or systolic BP less than 90

+1 Hours carvedilol
6.25 mg, Tab, PO, bid, Routine
Comments: hold carvedilol if HR less than 60 or systolic BP less than 90

Reason Beta-Blocker Not Prescribed at Discharge
To Adhere to Regulatory guidelines, if ACEI/ARB therapy is contraindicated and will not be ordered as a discharge prescription, document the Reason ACEI Not Prescribed at Discharge AND the Reason ARB Not Prescribed at Discharge below:(NOTE)*

+1 Hours lisinopril
2.5 mg, Tab, PO, QDay, Routine
Reason ACEI Not Prescribed at Discharge
Reason ARB Not Prescribed at Discharge

+1 Hours atorvastatin
40 mg, Tab, PO, hs, Routine

+1 Hours atorvastatin
80 mg, Tab, PO, hs, Routine

+1 Hours acetaminophen
650 mg, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine
Comments: If patient has fever, notify MD.

+1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, Tab, PO, q6h, PRN Pain, Moderate (4-7), Routine
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☐ +1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
  2 tab, Tab, PO, q6h, PRN Pain, Severe (8-10), Routine

☐ +1 Hours ondansetron
  4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine
  Comments: for nausea/vomiting

☐ +1 Hours morphine
  2 mg, Injection, IV Push, once, Routine
  Comments: for sheath removal

☐ +1 Hours atropine
  1 mg, Injection, IV Push, once, Routine
  Comments: for symptomatic bradycardia

☐ +1 Hours pantoprazole
  40 mg, DR Tablet, PO, acb, Routine
  Comments: DO NOT CHEW,CUT, OR CRUSH

Laboratory

- Hemoglobin
  Routine, T+1;0400, once, Type: Blood

- Hematocrit
  Routine, T+1;0400, once, Type: Blood

- Platelet Count
  Routine, T+1;0400, once, Type: Blood

- BMP
  Routine, T+1;0400, once, Type: Blood

- BMP
  Routine, T+1;0400, once, Type: Blood

Place Lipid Profile order below if patient is admitted with Acute Coronary Syndrome. Uncheck and do not order if not appropriate for this patient. (NOTE)*

- Lipid Profile
  Routine, T+1;0400, once, Type: Blood
  Comments: FASTING

Diagnostic Tests

- EKG
  Start at: T+N, Priority: Routine, Reason: Other, specify, PCI, Frequency: once

- EKG
  Start at: T+1;0800, Priority: Routine, Reason: Other, specify, PTCA

Consults/Notifications/Referrals

☐ Notify Physician-Once
  Notify For: symptomatic bradycardia and atropine

☐ Cardiac Rehab Consult/Doctor Order

☐ Outpatient Cardiac Rehab Phase II

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Post Cath/PCI Hydration Protocol Phase

Non Categorized

DO NOT resume ACE/ARB until 48 hours post cath.
MONITOR serum Creatinine at 24 hours and 48 hours post cath.
NO other contrast procedures within 72 hours of cath. (NOTE)*

Continuous Infusion

NORMAL Renal Function (GFR greater than 60 mL/min) (NOTE)*

☐ Sodium Chloride 0.9%
   1,000 mL, IV, 1.5 mL/kg/hr
   Comments: Infuse at 1.5 mL/kg/hr post procedure until discharge OR for a MAXIMUM of 4 hours.

IMPAIRED Renal Function (GFR less than 60 mL/min and greater than 30 mL/min)(NOTE)*

☐ Sodium Chloride 0.9%
   1,000 mL, IV, 0.75 mL/kg/hr
   Comments: Infuse at 0.75 mL/kg/hr post procedure until discharge OR for a MAXIMUM of 4 hours.

Laboratory

☐ Creatinine
   Routine, T+1;0400, once, Type: Blood

☐ Creatinine
   Routine, T+2;0400, once, Type: Blood

__________________   _________________   _________________
Date                   Time                   Physician’s Signature                MD Number

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order