Physician Orders ADULT: Cardiac Cath Post Procedure Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  Phase: Cardiac Cath Post Proc Phase, When to Initiate:___________________________
☐ Initiate Powerplan Phase
  Phase: Post Cath/PCI Hydration Protocol Phase, When to Initiate: Other-See Special Instructions, When patient arrives in Post Cath Recovery area., T,N

R  Powerplan Open
Cardiac Cath Post Proc Phase
Admission/Transfer/Discharge
  If considering changing the STATUS then use the Case Management Consult order below in the consult section.(NOTE)*
☐ Return Patient to Room
  T,N
☐ Patient Status Change
  T,N
☐ Discharge Patient

Vital Signs
R  Vital Signs-Post Cath
  Monitor and Record Blood Pressure Monitor and Record Resp Rate Monitor and Record Pulse, q15min, For 4 occurrence, then q30 min X 2 occurrence, then routine. Complete distal pulse checks with vital signs.  Post Cardiac Cath Procedure
R  Vital Signs-Post Sheath Removal
  Monitor and Record Blood Pressure Monitor and Record Resp Rate Monitor and Record Pulse, q15min, For 4 occurrence, then q30 min X 2 occurrences, then q1hr x 4 occurrences. Complete distal pulse checks with vital signs. Start upon sheath removal. even if CardioMEMS Procedure(NOTE)*
☐ Vital Signs-Post Sheath Removal
  Monitor and Record Blood Pressure Monitor and Record Resp Rate Monitor and Record Pulse Routine, q15min, For 4 occurrence, then q30 min X 2 occurrences, then q1hr x 4 occurrences. Complete distal pulse checks with vital signs.

Activity
☐ Bedrest
  For 6 hr, Strict, for 6 hrs post sheath removal with affected extremity straight
☐ Out Of Bed
  Up As Tolerated, 3hrs post sheath removal
  CardioMEMS Procedure(NOTE)*
☐ Bedrest
  Routine, For 3 hr, Strict; for 3 hours post venous sheath removal with affected extremity straight.

Patient Care
☐ Advance Diet As Tolerated
  Advance Diet as tolerated: Advance to ADA (Consistent Carbohydrate Diet). Comments: Nurse will call physician when pt is tolerating original diet and Nurse will enter the new diet.
☐ Advance Diet As Tolerated
  Advance Diet as tolerated: NPO to AHA. Comments: Nurse will call physician when pt is tolerating original diet and Nurse will enter the new diet.
☐ Force Fluids
  encourage PO fluids
☐ Groin Check
  Routine, q15min, For 1 hr
☐ Groin Check
  T,N+60,Routine,q30min,For 2 hr
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- Groin Check
  T;N+180, Routine, q1h, Until stable
- Groin Check
  T;N+180, Routine, After patient stable, do routine groin checks
  For cath patients without sheaths, uncheck the Sheath Remove order under Patient Care.(NOTE)*
  If patient has sheath order the following:(NOTE)*
- Sheath Remove
  Special Instructions: When ACT less than 180 sec (DEF)*
  Routine, Special Instructions: May remove when stable
- ACT Bedside-NSG
  q1h(std), until less than 180 sec, then may discontinue this order
- ACT- LR POC- Nsg
  until less than 180 sec, then may discontinue this order
- ACT- Plus POC- Nsg
- Instruct/Educate
  Instruct: Patient/Family, Method: Learning for Life, Topic: Low Cholesterol Diet
- Instruct/Educate
  Instruct: Patient and Family, Method: Learning for Life, Topic: Heart Attack
- Instruct/Educate
  Instruct: Patient and Family, Method: Learning for Life, Topic: CHF
- CardioMEMS Procedure(NOTE)*
- Smoking Cessation Advice/Counseling
- Transradial Band Instructions
  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
  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
  T;N+60, Routine, q30min, For 2 hr, check radial site
- Check Cath Site
  Routine, Q1h, until stable. Check radial site
- Check Cath Site
  T;N+180, Routine, After patient stable, do routine radial site checks
- Elevate Head Of Bed
  30 degrees Elevate no more than 30 degrees
- Bedside Glucose Nsg
- Discharge Instructions
  T;N, Other Instructions: Discharge 3 hrs after sheath removal, if discharge criteria met
- Discharge Instructions
  T;N, Other Instructions: Discharge 4 hrs after sheath removal, if discharge criteria met
- Discharge Instructions
  T;N, Other Instructions: Discharge 5 hrs after sheath removal, if discharge criteria met
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CardioMEMS Procedure(NOTE)*

Discharge Instructions
T/N, Other Instructions: Discharge 30 minutes after bed rest completed and when all orders completed, whichever is later.

Nursing Communication

Nursing Communication
For Cardiac Cath Post Procedure Plan: Give patient or family member information and ID card from device manufacturer, including closure device if used

Nursing Communication
CardioMEMS: Confirm patient and available care partners have received CardioMEMS equipment, instruction and follow-up plan.

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

- **+1 Hours** acetaminophen
  650 mg, PO, q4h, PRN Pain, Mild or Fever, Routine

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

- **+1 Hours** oxyCODONE
  5 mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine

- **+1 Hours** oxyCODONE
  10 mg, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine

- **+1 Hours** ondansetron
  4 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine

- **+1 Hours** atropine
  1 mg, Injection, IV Push, once, PRN Bradycardia, Symptomatic
  Comments: (HR less than 50)

- **+1 Hours** Maalox Advanced Maximum Strength
  30 mL, Oral Susp, PO, q4h, PRN Indigestion, Routine

Laboratory

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

Consults/Notifications/Referrals

- Notify Physician-Once
  Notify For: room number upon admission

- Notify Physician-Once
  Notify: performing MD, Notify For: if patient has symptomatic bradycardia requiring atropine

- Case Management Consult
  Routine, Assist with PATIENT STATUS CHANGE order.

- Case Management Consult
  Routine, Resume Home Health/Home Health post discharge

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
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Comments: Infuse at 1.5 mL/kg/hr post procedure until discharge OR for a MAXIMUM of 4 hours.

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