



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)*
- ☐ Instruct/Educate
Instruct: Patient and Family, Topic: on CardioMEMS
- R 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
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***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

