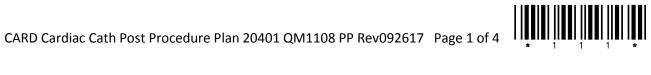


	ets/Protocols/PowerPlans
	Initiate Powerplan Phase Phase: Cardiac Cath Post Proc Phase, When to Initiate:
	Initiate Powerplan Phase Phase: Post Cath/PCI Hydration Protocol Phase, When to Initiate: Other-See Special Instructions, When patient arrives in Post Cath Recovery area., T;N
R Cardia	Powerplan Open c Cath Post Proc Phase
	sion/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
☐ Vital Si	Discharge Patient igns
R	Vital Signs-Post Cath
D	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
D - 1' 1	Routine, For 3 hr, Strict; for 3 hours post venous sheath removal with affected extremity straight.
Patient	
	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
$\overline{\mathbf{v}}$	original diet and Nurse will enter the new diet. Force Fluids
$\overline{\mathbf{v}}$	encourage PO fluids Groin Check
	Routine, q15min, For 1 hr
☑	Groin Check T;N+60,Routine,q30min,For 2 hr



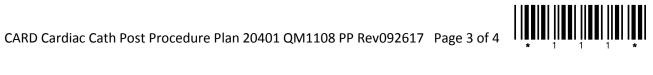


	Groin Check T;N+180, Routine, q1h, Until stable
☑	Groin Check
	<i>T;N+180, Routine, After patient stable, do routine groin checks</i> For cath patients without sheaths, uncheck the Sheath Remove order under Patient Care.(NOTE)* If patient has sheath order the following:(NOTE)*
$\overline{\mathbf{A}}$	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
D	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
П	Routine, Q1h, until stable. Check radial site
	Check Cath Site T;N+180, Routine, After patient stable, do routine radial site checks
$\overline{\checkmark}$	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





_	CardioMEMS Procedure(NOTE)*
	Discharge Instructions
	T;N, Other Instructions: Discharge 30 minutes after bed rest completed and when all orders
	completed, whichever is later.
	g 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.
$\overline{\mathbf{Z}}$	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%
Medica	ations
	+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
П	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
ш	+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
_abora	atory
$\overline{\mathbf{Q}}$	BMP
_	Routine, T+1;0400, once, Type: Blood
	lts/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.
ш	Case Management Consult
Post C	Routine, Resume Home Health/Home Health post discharge ath/PCI Hydration Protocol Phase
	ategorized
	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)*
Contin	uous Infusion
	NORMAL Renal Function (GFR greater than 60 mL/min)(NOTE)*
	Sodium Chloride 0.9%
	1,000 mL, IV, 1.5 mL/kg/hr





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

