



Physician Orders ADULT: Cath Lab Pre Procedure Plan

Initiate Orders Phase

Non Categorized

R Powerplan Open

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: Cardiac Cath Pre Procedure Phase, When to Initiate: When patient arrives to unit, T;N
- Initiate Powerplan Phase
Phase: Pre Cath/PCI Hydration Phase, When to Initiate: When patient arrives to unit, On Day of Cath/PCI, T;N
- Initiate Powerplan Phase
Phase: Adult Procedural Sedation Plan, When to Initiate: Other-See Special Instructions, When patient arrives to procedural area, T;N
- Initiate Powerplan Phase
Phase: Radiology Specials Contrast Plan, When to Initiate: Other-See Special Instructions, When patient arrives to procedure area

Cath Lab Pre Procedure Phase

Admission/Transfer/Discharge

- Patient Status Initial Outpatient
T;N Attending Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Outpatient Status/Service: [] Ambulatory Surgery, [] OP Diagnostic Procedure
[] OP OBSERVATION Services

Food/Nutrition

- NPO
Start at: T;2359, Instructions: NPO except for medications
- Diet Regular Adult
- Clear Liquid Diet
Start at: T;N

Patient Care

- Pre-Procedure Cardiac Cath Indications
T;N
- Consent Signed For
Procedure: Cardiac Cath and Percutaneous Coronary Intervention
- Consent Signed For
Procedure: Percutaneous Coronary Intervention
- Consent Signed For
Procedure: Cardiac Cath
- Consent Signed For





Physician Orders ADULT: Cath Lab Pre Procedure Plan

- Consent Signed For
Procedure: Peripheral Vascular Intervention
- Consent Signed For
Procedure: Renal Angiogram
- Consent Signed For
Procedure: Aortogram with Bilateral Runoffs
- Consent Signed For
Procedure: Right Heart Cath, Pulmonary Artery Angiography and CardioMEMS Insertion
- Clipper Prep
Clip right and left groin
- Void Prior To Procedure
On call to cath lab
- Indwelling Urinary Catheter Insert-Follow Removal Protocol
with BSB, to be placed while in pre-procedural area
- External Catheter Urinary Apply
with BSB
- Nursing Communication
If patient on Heparin-discontinue on call to cath lab
- Nursing Communication
If patient is on enoxaparin-discontinue after PM dose

Nursing Communication

- Nursing Communication
Verify that ACE Inhibitors, ARB, Diuretics and NSAIDS were held the day of procedure. Notify Cardiologist if medications not held.
- Nursing Communication
OUTPATIENT ONLY: Notify Cardiologist if serum creatinine is greater than 25% of baseline.
- Nursing Communication
Notify MD if INR greater than 2.0

Medications

- +1 Hours** LORazepam
1 mg, Injection, IV Push, N/A, Routine, (for 1 dose)
- +1 Hours** ALPRAZolam
0.5 mg, Tab, PO, N/A, Routine, (for 1 dose)
Comments: on call to Cath Lab
- +1 Hours** famotidine
20 mg, Tab, PO, N/A, Routine, (for 1 dose)
Comments: on call to Cath Lab if history of iodine/Contrast allergy
- +1 Hours** predniSONE
40 mg, Tab, PO, N/A, Routine, (for 1 dose)





Physician Orders ADULT: Cath Lab Pre Procedure Plan

Comments: on call to Cath lab if history of iodine /contrast allergy

- +1 Hours** diphenhydrAMINE
50 mg, Cap, PO, N/A, Routine, (for 1 dose)

Comments: on call to Cath Lab if history of iodine/contrast allergy

- +1 Hours** methylPREDNISolone
125 mg, Injection, IV Push, N/A, Routine, (for 1 dose)

Comments: On call to Cath Lab if history of iodine/contrast allergy.

Laboratory

- CBC
STAT, T;N, once, Type: Blood
- BMP
STAT, T;N, once, Type: Blood
- PT/INR
STAT, T;N, once, Type: Blood
- Lipid Profile
STAT, T;N, once, Type: Blood
- Pregnancy Screen Serum
STAT, T;N, once, Type: Blood

Comments: Order for all female patients between the ages of 9-55 unless patient has had a hysterectomy.

Diagnostic Tests

- R Cath Lab Request to Schedule

Consults/Notifications/Referrals

- Notify Physician-Once
Notify: physician, Notify For: of room number upon admission
Chronic Kidney Disease Stage IV - V (GFR less than 30 mL/min)(NOTE)*
For OUTPATIENT ONLY: Order Physician Consult below.(NOTE)*
- Physician Consult
Routine, Consult Nephrology
Consult or Notify Nephrologist. Hold Cath if serum Creatinine is greater than 25% of baseline.(NOTE)*
- Case Management Consult
Routine, Reason: Home Care, Arrange Home Health - CardioMEMS

Pre Cath/PCI Hydration Protocol Phase

Non Categorized

DO NOT hydrate using these orders if patient has active Pulmonary Edema, is on Renal Replacement Therapy, or has severe Valvular Heart Disease.
DO NOT use NSAIDS for pain control.
HOLD ACE Inhibitors, ARB and Diuretics on the day of Procedure.
NOTIFY Cardiologist if serum creatinine is greater than 25% of baseline.





Physician Orders ADULT: Cath Lab Pre Procedure Plan

HOLD Cath if serum Creatinine is greater than 25% of baseline.
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)*
Chronic Kidney Disease Stage IV - V (GFR less than 30 mL/min
Hold Cath if serum Creatinine is greater than 25% of baseline.
Follow Pre-Cath Hydration guidelines for Severely Impaired Renal Function. (NOTE)*

Patient Care

Check order below if Hydration not needed.(NOTE)*

- Hydration NOT Needed
Yes

Nursing Communication

- Nursing Communication
Verify that ACE Inhibitors, ARB, Diuretics and NSAIDS were held the day of procedure. Notify Cardiologist if medications NOT held.
Nursing Communication
OUTPATIENT ONLY: Notify Cardiologist if serum creatinine is greater than 25% of baseline.

Continuous Infusion

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

- Sodium Chloride 0.9%
1,000 mL, IV, 3 mL/kg/hr
Comments: PRE-PROCEDURE: Infuse at 3 mL/kg/hr at least 1 hr prior to procedure. MAX volume 500 mL; then change to TKO.

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

- Sodium Chloride 0.9%
1,000 mL, IV, 3 mL/kg/hr
Comments: PRE-PROCEDURE: Infuse at 3 mL/kg/hr at least 1 hr prior to procedure. Not to exceed 500 mL; then change to TKO.

OUTPATIENT -SEVERELY IMPAIRED Renal Function (GFR less than 30 mL/min) NOTE*

- Sodium Chloride 0.9%
1,000 mL, IV, 1.5 mL/kg/hr
Comments: PRE-PROCEDURE: Infuse at 1.5 mL/kg/hr 1 hr prior to procedure. Not to exceed 250 mL, then change to TKO.

INPATIENT- NORMAL Renal Function (GFR greater than 60 mL/min) and preserved LVEF greater than 40% or unknown. NOTE*

- Sodium Chloride 0.9%
1,000 mL, IV, 1 mL/kg/hr
Comments: Begin infusion at 1 mL/kg/hr (maximum rate 75 mL/hr) 12 hours prior to procedure. Change to TKO after 12 hours.

INPATIENT- NORMAL Renal Function (GFR greater than 60 mL/min) and Mild to Moderate LV dysfunction





Physician Orders ADULT: Cath Lab Pre Procedure Plan

(30-40%) NOTE*

- Sodium Chloride 0.9%
1,000 mL, IV, 0.75 mL/kg/hr
Comments: Begin infusion at 0.75 mL/kg/hr (maximum rate 50 mL/hr) 12 hours prior to procedure. Change to TKO after 12 hours.

INPATIENT-NORMAL Renal Function (GFR greater than 60 mL/min) and SEVERE LV dysfunction (EF less than 30%) NOTE*

- Sodium Chloride 0.9%
1,000 mL, IV, 20 mL/hr
Comments: Begin infusion at 20 mL/hr On Call to Cath Lab.

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

- Sodium Chloride 0.9%
1,000 mL, IV, 3 mL/kg/hr
Comments: PRE-PROCEDURE: Infuse at 3 mL/kg/hr at least 1 hr prior to procedure. NOT to exceed 500 mL, then change to TKO.

INPATIENT - SEVERELY IMPAIRED Renal Function (GFR less than 30 mL/min). NOTE*

- Sodium Chloride 0.9%
1,000 mL, IV, 1.5 mL/kg/hr
Comments: PRE-PROCEDURE: Infuse at 1.5 mL/kg/hr at least 1 hr prior to procedure. NOT to exceed 250 mL, then change to TKO.

Laboratory

- Creatinine
Routine, T+1;0400, once, Type: Blood
- Creatinine
Routine, T+2;0400, once, Type: Blood

Consults/Notifications/Referrals

OUTPATIENT ONLY-Order Physician consult Below. NOTE*

- Physician Consult
Routine, Consult Nephrology

Adult Procedural Sedation Phase

Medications

Sedation

- Adult Procedural Sedation Plan(SUB)*

Radiology Specials Contrast Phase

Medications

CONTRAST AGENTS

- Radiology Specials Contrast Plan(SUB)*



