

Cardiac Catheterization Post Procedure - Outpatient [4857]

This outpatient non-interventional post procedure order set is intended for patients discharging home. Medications in this order set are hospital medications and discharge prescriptions.

For non-interventional patients transferring to a unit, use the Cardiac Catheterization Post Procedure - Inpatient order set.

4 new available Cath Lab order sets:

Discharge Post Procedure:

Cardiac Catheterization Post Procedure - Outpatient

Cardiac Catheterization PCI Intervention - Outpatient

Admit/Transfer to Unit:

Cardiac Catheterization Post Procedure - Inpatient

Cardiac Catheterization PCI Intervention - Inpatient

General

Discharge Order (Selection Required)

Discharge when patient criteria met Routine, Once For 1 Occurrences, Scheduling/ADT

Nursing - Post Procedure

Pre-sheath(s) Removal Diet

Diet Clear Liquids Diet effective now, Starting S
Diet(s): Clear Liquids
Advance Diet as Tolerated? No
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Until sheath(s) removed., Post-op

Femoral - Sheath Removal

Closure Devices

The physician must be notified for any signs of complications. Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op

Activity (Selection Required)

Patient was treated with a closure device. Routine, Until discontinued, Starting S
Bedrest required minimum of *** hours. Keep affected leg straight., Post-op

Patient Education Prior to Sheath Removal and Hospital Discharge

Patient education prior to post-sheath removal Routine, Once, Starting S For 1 Occurrences
Patient/Family: Patient
Education for: Other (specify), Activity
Specify: Patient education prior to post sheath removal.
Sign and symptoms, Post-op

Patient education prior to discharge Routine, Prior to discharge, Starting S
Patient/Family: Patient
Education for: Other (specify), Activity, Discharge, Smoking cessation counseling
Specify: Patient education prior to discharge.
Provide discharge instruction on emergent physician contact/symptom reporting due to
bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care., Post-op

Post Procedure Assessment

<input type="checkbox"/>	Vital signs after sheath removal	Routine, Every 15 min Vital signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
<input type="checkbox"/>	Assess post-sheath cath site	Routine, Every 15 min For 4 Occurrences Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
<input type="checkbox"/>	Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
<input type="checkbox"/>	Manual Pressure	
<input type="checkbox"/>	The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op
<input type="checkbox"/>	Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
<input type="checkbox"/>	The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
<input type="checkbox"/>	Activity (Selection Required)	
<input type="checkbox"/>	Bed rest times following Procedure using femoral artery access are: (Must Select One) (Single Response) (Selection Required)	
<input type="checkbox"/>	() Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
<input type="checkbox"/>	() Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
<input type="checkbox"/>	() Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
<input type="checkbox"/>	() Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
<input type="checkbox"/>	Patient Education Prior to Sheath Removal and Hospital Discharge	
<input type="checkbox"/>	Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
<input type="checkbox"/>	Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care., Post-op

Pre-Sheath Removal

- | | |
|---|---|
| <input type="checkbox"/> Vital signs prior to sheath removal | Routine, Every 15 min
Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.,
Post-op |
| <input type="checkbox"/> Assist patient to void | Routine, Once For 1 Occurrences
Assist patient to void prior to sheath removal., Post-op |
| <input type="checkbox"/> Assess pre-sheath cath site | Routine, Once For 1 Occurrences
Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician.
If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op |
| <input type="checkbox"/> Patient transferred with sheaths left in place | Routine, Until discontinued, Starting S
Patient transferred with Sheaths left in place., Post-op |
| <input type="checkbox"/> Apply hemostatic patch after assessment for hematoma, distal pulses. | Routine, Until discontinued, Starting S
Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op |
| <input type="checkbox"/> Antegrade sheaths present | Routine, Until discontinued, Starting S
Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op |

Post-Sheath Removal

- | | |
|---|---|
| <input type="checkbox"/> Vital signs after sheath removal | Routine, Every 15 min
Vital signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.,
Post-op |
| <input type="checkbox"/> Assess post-sheath cath site | Routine, Every 15 min For 4 Occurrences
Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op |
| <input type="checkbox"/> Site care | Routine, Once
Site: catheter site
Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op |

Compression Systems (Single Response)

() C-clamp (Selection Required)

- | | |
|---|--|
| <input type="checkbox"/> The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg. | Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op |
| <input type="checkbox"/> Remove sheath | Routine, Once For 1 Occurrences
when ACT less than 160 or within physician specified parameters.
Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order.,
Post-op |
| <input type="checkbox"/> The physician must be notified for any signs of complications. | Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op |
| <input type="checkbox"/> Activity Post Sheath Removal-Femoral Approach (Selection Required) | |
| <input type="checkbox"/> Bed rest times following Procedure using femoral artery access are: (Must Select One) (Single Response) (Selection Required) | |
| () Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours. | Routine, Until discontinued, Starting S
Patient may bend unaffected leg. Use urinal or bedpan as needed.,
Post-op |

<input type="checkbox"/> Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
<input type="checkbox"/> Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
<input type="checkbox"/> Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
<input type="checkbox"/> Patient Education Prior to Sheath Removal and Hospital Discharge	
<input type="checkbox"/> Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify),Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
<input type="checkbox"/> Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify),Activity,Discharge,Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care., Post-op
<input type="checkbox"/> Pre-Sheath Removal	
<input type="checkbox"/> Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
<input type="checkbox"/> Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
<input type="checkbox"/> Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
<input type="checkbox"/> Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
<input type="checkbox"/> Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
<input type="checkbox"/> Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
<input type="checkbox"/> Post-Sheath Removal	
<input type="checkbox"/> Vital signs after sheath removal	Routine, Every 15 min Vital signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op

<input type="checkbox"/>	Assess post-sheath cath site	Routine, Every 15 min For 4 Occurrences Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
<input type="checkbox"/>	Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
() Femostop		
<input type="checkbox"/>	The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
<input type="checkbox"/>	Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
<input type="checkbox"/>	The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
<input type="checkbox"/>	Follow Femostop manufacturer's guidelines in package insert.	Routine, Until discontinued, Starting S, Post-op
[] Activity Post Sheath Removal-Femoral Approach (Selection Required)		
[] Bed rest times following Procedure using femoral artery access are: (Must Select One) (Single Response) (Selection Required)		
<input type="radio"/>	Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
<input type="radio"/>	Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
<input type="radio"/>	Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
<input type="radio"/>	Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
[] Patient Education Prior to Sheath Removal and Hospital Discharge		
<input type="checkbox"/>	Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify),Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
<input type="checkbox"/>	Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify),Activity,Discharge,Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care., Post-op

<input type="checkbox"/> Pre-Sheath Removal	
<input type="checkbox"/> Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
<input type="checkbox"/> Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
<input type="checkbox"/> Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
<input type="checkbox"/> Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
<input type="checkbox"/> Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
<input type="checkbox"/> Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
<input type="checkbox"/> Post-Sheath Removal	
<input type="checkbox"/> Vital signs after sheath removal	Routine, Every 15 min Vital signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
<input type="checkbox"/> Assess post-sheath cath site	Routine, Every 15 min For 4 Occurrences Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
<input type="checkbox"/> Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op

Radial - Sheath Removal

<input type="checkbox"/> Radial Compression Device (Selection Required)	
<input type="checkbox"/> NOTIFY: The physician must be notified prior to sheath removal of a systolic blood pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op
<input type="checkbox"/> Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
<input type="checkbox"/> The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
<input type="checkbox"/> Place/Maintain Sequential Compression Device following Manufacturer Insert/instructions.	Routine, Continuous Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or Interventional Procedure performed. Radial Band, Post-op
<input type="checkbox"/> Progressive cuff deflation (Single Response) (Selection Required)	
() Diagnostic Procedures only (Selection Required)	

<input type="checkbox"/> 30 minutes after Radial Compression Device applied	Routine, Until discontinued, Starting S deflate 3cc of air from cuff. If no bleeding occurs from site, deflate 3cc of air from the Radial Compression Device every 5 minutes until all air is completely removed. If bleeding occurs when 3cc of air is removed, re-inflate with 3cc of air. Wait 15 minutes, then restart releasing 3cc of air every 5 minutes until all air is completely removed. If site remains free of bleeding/hematoma after 5 min, remove TR band, apply dressing., Post-op
<input type="checkbox"/> Interventional Procedures only (Selection Required)	
<input type="checkbox"/> 2 hours after Radial Compression Device applied deflate 3cc	Routine, Until discontinued, Starting S if no bleeding at site, deflate 3cc every 10 min until all air removed from cuff. If bleeding occurs when 3cc of air is removed, re-inflate with 3cc of air. Wait 30 minutes then restart releasing 3cc of air every 10 minutes until all air has been removed. If site remains free of bleeding/hematoma after 5 min, remove TR band, apply dressing., Post-op
<input type="checkbox"/> Patient Education Prior to Sheath Removal and Hospital Discharge	
<input type="checkbox"/> Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
<input type="checkbox"/> Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care., Post-op
<input type="checkbox"/> Pre-Sheath Removal	
<input type="checkbox"/> Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
<input type="checkbox"/> Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
<input type="checkbox"/> Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
<input type="checkbox"/> Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
<input type="checkbox"/> Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
<input type="checkbox"/> Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
<input type="checkbox"/> Post-Sheath Removal (Selection Required)	

<input type="checkbox"/>	Vital signs after sheath removal	Routine, Every 15 min Vital signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
<input type="checkbox"/>	Peripheral vascular assessment - Monitor access site	Routine, Every 15 min Monitor access site, extremity distal to puncture every 15 min until Radial approach cath band removed., Post-op
<input type="checkbox"/>	Notify physician of bleeding and/or loss of pulses.	Routine, Until discontinued, Starting S, Notify physician of bleeding and/or loss of pulses., Post-op
<input type="checkbox"/>	Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
<input type="checkbox"/>	No blood pressure readings, lab draws, or IV access	Routine, Until discontinued, Starting S No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
<input type="checkbox"/>	Limit movement in affected arm 6 hrs post procedure	Routine, Until discontinued, Starting S IF needed, place wrist on arm board to restrict movement., Post-op
<input type="checkbox"/>	Patient may ambulate 30 minutes after arrival in recovery area.	Routine, Until discontinued, Starting S Specify: Other activity (specify) Other: Patient may ambulate 30 minutes after arrival in recovery area. Post-op
<input type="checkbox"/>	Manual Pressure - without Radial Compression Device	
<input type="checkbox"/>	The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
<input type="checkbox"/>	Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
<input type="checkbox"/>	The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
<input type="checkbox"/>	Patient Education Prior to Sheath Removal and Hospital Discharge	
<input type="checkbox"/>	Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
<input type="checkbox"/>	Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care., Post-op
<input type="checkbox"/>	Pre-Sheath Removal	
<input type="checkbox"/>	Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
<input type="checkbox"/>	Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op

<input type="checkbox"/>	Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
<input type="checkbox"/>	Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
<input type="checkbox"/>	Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
<input type="checkbox"/>	Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[] Post-Sheath Removal		
<input type="checkbox"/>	Vital signs after sheath removal	Routine, Every 15 min Vital Signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
<input type="checkbox"/>	Notify physician of bleeding and/or loss of pulses.	Routine, Until discontinued, Starting S, Notify physician of bleeding and/or loss of pulses., Post-op
<input type="checkbox"/>	Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
<input type="checkbox"/>	No blood pressure readings, lab draws, or IV access	Routine, Until discontinued, Starting S No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
<input type="checkbox"/>	Limit movement in affected arm 6 hrs post procedure and keep wrist straight for 48 hrs.	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/>	Patient may ambulate 30 minutes after arrival in recovery area.	Routine, Until discontinued, Starting S Specify: Other activity (specify) Other: Patient may ambulate 30 minutes after arrival in recovery area. Post-op

Education

<input checked="" type="checkbox"/>	Nurse to provide discharge education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide patient education Post-op
<input type="checkbox"/>	Nurse to provide tobacco cessation education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide tobacco cessation education Post-op

Discontinue IV

<input checked="" type="checkbox"/>	Discontinue IV	Routine, Once When IV Fluids completed, Post-op
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Hydration Protocol - Prevention of Contrast Induced Nephropathy

IV Hydration - Prevention of Contrast Induced Nephropathy (Single Response)

Outpatient (Single Response)

<input type="checkbox"/> Patients with EF LESS than 40% or with evidence of fluid overload	0.5 mL/kg/hr, intravenous, continuous, Post-op Infuse for 6 hours Post-Procedure or until discharge, whichever comes first.
<input type="checkbox"/> Patients with EF GREATER than 40% or no evidence of fluid overload	1 mL/kg/hr, intravenous, continuous, Post-op Infuse for 6 hours Post-Procedure or until discharge, whichever comes first.

Medications - Post Procedure

Beta-Blockers (Single Response)

<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800, Post-op BP & HR HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> metoprolol succinate XL (TOPROL-XL) 24 hr tablet	25 mg, oral, daily, Post-op BP & HR HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800, Post-op BP & HR HOLD parameters for this order: Contact Physician if:

Nitrates

<input type="checkbox"/> nitroglycerin infusion	5-200 mcg/min, intravenous, continuous, Post-op
<input type="checkbox"/> isosorbide mononitrate (ISMO, MONOKET) tablet	20 mg, oral, 2 times daily at 0900, 1600, Post-op Post-Op BP HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> isosorbide mononitrate (IMDUR) 24 hr tablet	oral, daily, Post-op Post-Op BP HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> nitroglycerin (NITRODUR) 24 hr patch	transdermal, for 12 Hours, daily, Post-op Post-Op
<input type="checkbox"/> nitroglycerin (NITROSTAT) 2% ointment	1 inch, Topical, every 6 hours scheduled, Post-op Post-Op, Apply to chest wall
<input type="checkbox"/> nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, every 5 min PRN, chest pain, For 3 Doses, Post-op Post-Op. Call provider after third dose.

Antiplatelet Agents (Single Response)

<input type="checkbox"/> Loading Dose Followed By Maintenance (Single Response)	
<input type="checkbox"/> clopidogrel (PLAVIX) 300 mg Loading Dose followed by 75 mg Maintenance Dose and aspirin EC 81 mg tablet	
<input type="checkbox"/> clopidogrel (PLAVIX) Loading and Maintenance doses	"Followed by" Linked Panel
<input type="checkbox"/> Loading Dose - clopidogrel (PLAVIX) tablet	300 mg, oral, once, For 1 Doses, Post-op Loading Dose
<input type="checkbox"/> Maintenance Dose - clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Starting S+1, Post-op Maintenance Dose
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
<input type="checkbox"/> ticagrelor (BRILINTA) 180 mg Loading Dose followed by 90 mg Maintenance Dose and aspirin EC 81 mg tablet	
<input type="checkbox"/> ticagrelor (BRILINTA) Oral Loading and Maintenance Doses	"Followed by" Linked Panel
<input type="checkbox"/> Loading Dose - ticagrelor (BRILINTA) tablet	180 mg, oral, once, For 1 Doses, Post-op Loading Dose
<input type="checkbox"/> Maintenance Dose - ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Starting H+12 Hours, Post-op Maintenance Dose
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
<input type="checkbox"/> prasugrel (EFFIENT) 60 mg Loading Dose followed by 10 mg Maintenance Dose and aspirin EC 81 mg tablet (Selection Required)	

prasugrel (EFFIENT) Loading and Maintenance Doses **"Followed by" Linked Panel**
Maintenance Dose Instructions:
Lower the dose to 5 mg for high risk patients (age GREATER than or EQUAL to 75 OR weight LESS than 60 kg)

Loading Dose - prasugrel (EFFIENT) tablet 60 mg, oral, once, For 1 Doses, Post-op
Loading Dose

Maintenance Dose - prasugrel (EFFIENT) tablet 10 mg, oral, daily, Starting H+24 Hours, Post-op
Maintenance Dose

aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1, Post-op

**** DO NOT REMOVE **** Pharmacy Consult to educate patient on prasugrel (EFFIENT) (Selection Required)

Pharmacy Consult to educate patient on prasugrel (EFFIENT) STAT, Once For 1 Occurrences
Which drug do you need help dosing? prasugrel (EFFIENT)

() Maintenance Doses Only (Single Response)

() clopidogrel (PLAVIX) 75 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow

clopidogrel (PLAVIX) tablet 75 mg, oral, daily, Starting S+1, Post-op

aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1, Post-op

() ticagrelor (BRILINTA) 90 mg Maintenance Dose and aspirin EC 81 mg tablet - Start 12 Hours from Now

ticagrelor (BRILINTA) tablet 90 mg, oral, 2 times daily, Starting H+ 12 Hours, Post-op

aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1, Post-op

() prasugrel (EFFIENT) 10 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow

prasugrel (EFFIENT) tablet + consult (Selection Required) **"And" Linked Panel**

prasugrel (EFFIENT) tablet 10 mg, oral, daily, Starting S+1, Post-op

prasugrel (EFFIENT) consult STAT, Once For 1 Occurrences
Which drug do you need help dosing? prasugrel (EFFIENT)

aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1, Post-op

Anti-Anginal

ranolazine (RANEXA) 12 hr tablet 500 mg, oral, 2 times daily, Post-op

For Sheath(s) Pull ONLY

atropine injection 0.5 mg, intravenous, once PRN, for heart rate LESS than 55 beats per minute., Post-op

diazepam (VALIUM) injection 1 mg, intravenous, once PRN, sedation, Post-op
Indication(s): Sedation

MIDAZolam (VERSED) injection 1 mg, intravenous, once PRN, sedation, Post-op
Indication(s): Sedation

fentaNYL (SUBLIMAZE) injection 25 mcg, intravenous, once PRN, severe pain (score 7-10), sheath pull, Post-op

morPHINE injection 1 mg, intravenous, once PRN, severe pain (score 7-10), sheath pull, Post-op

Other Studies

ECG

ECG Pre/Post Op (PRN) Routine, Once, Starting S For 1 Occurrences
Clinical Indications: Chest Pain
Interpreting Physician: Post-op

ECG Pre/Post Op (STAT) STAT, Once
Clinical Indications: Post-Op Surgery
Interpreting Physician: Ordering cardiologist to interpret EKG, Post-op

Discharge Instructions - Will print on Patient AVS

Diet - REQUIRED (Single Response)

<input checked="" type="checkbox"/> Discharge Diet - Heart Healthy	Routine, Normal, Scheduling/ADT Discharge Diet: Heart Healthy
<input type="checkbox"/> Discharge Diet- Regular	Routine, Normal, Scheduling/ADT Discharge Diet: Regular

Activity - REQUIRED (Selection Required)

<input type="checkbox"/> Activity as tolerated	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Ambulate with assistance or assistive device	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Lifting restrictions	Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.
<input type="checkbox"/> Weight bearing restrictions (specify)	Routine, Normal, Scheduling/ADT Weight Bearing Status: Extremity: ***
<input type="checkbox"/> Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> No driving for 2 days	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Shower instructions:	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge activity	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, Scheduling/ADT, ***

Wound/Incision Care

<input type="checkbox"/> Discharge wound care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge incision care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge dressing	Routine, Normal, Scheduling/ADT, ***

Notify Physician

<input checked="" type="checkbox"/> Call physician for:	Routine, Normal, Scheduling/ADT, Temperature greater than 100.5 Persistent nausea or vomiting Severe uncontrolled pain Redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area) Difficulty breathing, chest pain, persistent dizziness or light-headedness
<input type="checkbox"/> Call physician for:	Routine, Normal, Scheduling/ADT, ***

Follow Ups - Will Print on Patient AVS

Place Follow-Up Order

<input checked="" type="checkbox"/> Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time:
<input type="checkbox"/> Follow-up with primary care physician	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up: