

Cardiac Catheterization PCI Intervention - Outpatient [4845]

This outpatient post PCI order set is intended for patients discharging home. Medications in this order set include hospital medications and discharge prescriptions.

For PCI patients transferring to a unit, use the Cardiac Catheterization PCI Intervention - 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

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.
Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op

Post Procedure Assessment

Vital signs after sheath removal Routine, Every 15 min For Until specified
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

Assess post-sheath cath site

Routine, Every 15 min For Until specified
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

[] 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
[] Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[] Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 x4 unless otherwise ordered by the physician., Post-op
[] Manual Pressure	
[] 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
[] 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
[] 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)	
[] 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
() 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
() 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
() 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	
[] 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. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., 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 results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., 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 For Until specified 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 Until specified 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"/> Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
<input type="checkbox"/> Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment 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"/> Compression Systems (Single Response)	
<input type="checkbox"/> 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)	
<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. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., 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 results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., 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 For Until specified 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 Until specified 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"/>	Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
<input type="checkbox"/>	Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., 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, capillary refill > 3 seconds, cynosis, numbness and/or pain in affected extremity, bleeding, hematoma formation, or signs of complication., 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)		
<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. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., 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 results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., 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 For Until specified 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 Until specified 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"/> Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
<input type="checkbox"/> Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., 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"/> Monitor access site and extremity distal to puncture wound	Routine, Until discontinued, Starting S every 15 minutes until Radial Compression Device is removed., Post-op
<input type="checkbox"/> Assess for absence of ulnar pulse, capillary refill greater than 3 seconds, cyanosis, numbness and/or pain in affected extremity.	Routine, Until discontinued, Starting S, If any of these are present, notify the procedural Cardiologist.
() 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"/>	Evaluate access site for bleeding as follows:	Routine, Until discontinued, Starting S every 15 minutes x 4; every 30 minutes x2; and every hour x2., 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. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., 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 results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., 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 For Until specified 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 keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs. 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"/>	Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
<input type="checkbox"/>	Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment 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"/>	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"/>	Notify physician - for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or 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. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., 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 results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., 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 For Until specified 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	Routine, Until discontinued, Starting S keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs. 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"/> Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
<input type="checkbox"/> Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op

Pre-sheath(s) Removal Diet

<input type="checkbox"/> 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
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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 Fluids

<input type="checkbox"/> sodium chloride 0.9 % infusion	150 mL/hr, intravenous, continuous, Post-op
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IV Hydration - Prevention of Contrast Induced Nephropathy (Single Response)

<input checked="" type="checkbox"/> 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, Administer over: 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 - ONE MUST BE SELECTED (Single Response) (Selection Required)

Maintenance doses are prescriptions

Loading Dose Followed By Maintenance

Loading Dose (Single Response)

- | | |
|---|---|
| <input type="checkbox"/> clopidogrel (PLAVIX) tablet | 300 mg, oral, once, For 1 Doses
Loading Dose |
| <input type="checkbox"/> ticagrelor (BRILINTA) tablet | 180 mg, oral, once, For 1 Doses
Loading Dose |
| <input type="checkbox"/> prasugrel (EFFIENT) tablet | 60 mg, oral, once, For 1 Doses
Loading Dose |

Maintenance Doses Only (Single Response)

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

- | | |
|--|----------------------|
| <input type="checkbox"/> clopidogrel (PLAVIX) 75 mg tablet | Normal, 30 tablet, 3 |
| <input type="checkbox"/> aspirin (ECOTRIN) 81 MG enteric coated tablet | Normal, 30 tablet, 3 |

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

- | | |
|--|----------------------|
| <input type="checkbox"/> ticagrelor (BRILINTA) 90 mg tablet | Normal, 60 tablet, 3 |
| <input type="checkbox"/> aspirin (ECOTRIN) 81 MG enteric coated tablet | Normal, 30 tablet, 3 |

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

- | | |
|--|----------------------|
| <input type="checkbox"/> prasugrel (EFFIENT) 10 mg tablet | Normal, 30 tablet, 3 |
| <input type="checkbox"/> aspirin (ECOTRIN) 81 MG enteric coated tablet | Normal, 30 tablet, 3 |

Maintenance Doses Only (Single Response)

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

- | | |
|--|----------------------|
| <input type="checkbox"/> clopidogrel (PLAVIX) 75 mg tablet | Normal, 30 tablet, 3 |
| <input type="checkbox"/> aspirin (ECOTRIN) 81 MG enteric coated tablet | Normal, 30 tablet, 3 |

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

- | | |
|--|----------------------|
| <input type="checkbox"/> ticagrelor (BRILINTA) 90 mg tablet | Normal, 60 tablet, 3 |
| <input type="checkbox"/> aspirin (ECOTRIN) 81 MG enteric coated tablet | Normal, 30 tablet, 3 |

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

- | | |
|--|----------------------|
| <input type="checkbox"/> prasugrel (EFFIENT) 10 mg tablet | Normal, 30 tablet, 3 |
| <input type="checkbox"/> aspirin (ECOTRIN) 81 MG enteric coated tablet | Normal, 30 tablet, 3 |

Patient already on antiplatelet therapy

Routine, Until discontinued, Starting S

Antihyperlipidemic Agents - ONE MUST BE SELECTED (Single Response) (Selection Required)

Statin - Moderate Intensity (Single Response)

Discharge medication prescription

- | | |
|--|----------------------|
| <input type="checkbox"/> atorvastatin (Lipitor) 10 mg tablet | Normal, 30 tablet, 3 |
| <input type="checkbox"/> atorvastatin (Lipitor) 20 mg tablet | Normal, 30 tablet, 3 |
| <input type="checkbox"/> rosuvastatin (Crestor) 10 mg tablet | Normal, 30 tablet, 3 |

Statin - High Intensity (Single Response)

Discharge medication prescription

- | | |
|--|----------------------|
| <input type="checkbox"/> atorvastatin (Lipitor) 40 mg tablet | Normal, 30 tablet, 3 |
| <input type="checkbox"/> atorvastatin (Lipitor) 80 MG tablet | Normal, 30 tablet, 3 |
| <input type="checkbox"/> rosuvastatin (Crestor) 20 mg tablet | Normal, 30 tablet, 3 |

The patient is currently on a statin

Details

The patient is not on a statin due to contraindication.

The patient is not on a statin due to: Other
Other: contraindication

<input type="checkbox"/>	Discharge medication prescription - evolocumab (REPATHA) subcutaneous pen or wearable injector (Single Response)	
<input type="checkbox"/>	evolocumab (Repatha SureClick) 140 mg/mL pen injector injection	Normal, 2 mL, 0
<input type="checkbox"/>	evolocumab (Repatha Pushtronex) 420 mg/3.5 mL wearable injector	Normal, 3.5 mL, 0

Anti-Anginal

<input type="checkbox"/>	ranolazine (RANEXA) 12 hr tablet	500 mg, oral, 2 times daily, Post-op
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For Sheath(s) Pull ONLY

<input type="checkbox"/>	atropine injection	0.5 mg, intravenous, once PRN, for heart rate LESS than 55 beats per minute, Post-op
<input type="checkbox"/>	diazepam (VALIUM) injection	1 mg, intravenous, once PRN, sedation, Post-op Indication(s): Sedation
<input type="checkbox"/>	MIDAZolam (VERSED) injection	1 mg, intravenous, once PRN, sedation, Post-op Indication(s): Sedation
<input type="checkbox"/>	fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, once PRN, severe pain (score 7-10), sheath pull, Post-op Allowance for Patient Preference:
<input type="checkbox"/>	morPHINE injection	1 mg, intravenous, once PRN, sheath pull, Post-op Allowance for Patient Preference:

Other Studies

ECG

<input checked="" type="checkbox"/>	ECG Pre/Post Op (PRN)	Routine, Once, Starting S For 1 Occurrences Clinical Indications: Chest Pain Interpreting Physician: Post-op
<input type="checkbox"/>	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, ***

Referrals and Follow Ups - Will Print on Patient AVS**Referral to Cardiac Rehabilitation Phase II (Single Response) (Selection Required)**

Please unselect if patient does not meet requirements for Referral to Cardiac Rehab Phase II and select the order: "The patient will not be referred to cardiac rehab due to:" (a reason is required on this order).

<input checked="" type="checkbox"/> Referral to Cardiac Rehab Phase 2	Internal Referral, Scheduling/ADT I am referring my patient to outpatient Cardiac Rehabilitation for: Initial, Phase II (36 Sessions) prescription for Cardiac Rehabilitation. Medical justification required: s/p MI (last 12 months) s/p MI (last 12 mos) Date:
<input type="checkbox"/> The patient will not be referred to cardiac rehab due to:	The patient will not be referred to cardiac rehab due to:

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: