



PHYSICIAN'S ORDER SHEET

- 1. ENSURE PHARMACY COPY IS PRESENT BEFORE WRITING MEDICATION ORDERS
2. START EACH DAY'S MEDICATION ORDERS AND GENERAL ORDERS AT THE SAME HORIZONTAL LEVEL.
3. DO NOT ADD OR CHANGE ORDERS IN ANY SECTION WHERE ORDERS HAVE PREVIOUSLY BEEN WRITTEN.

Use Ball Point - Press Firmly

POST-CORONARY ANGIOGRAM PROCEDURE

Drug Allergies, ORDER TRANSCRIBED AND ACTIVATED, DATE, TIME, Patient's Height, Patient's Weight, MEDICATION ORDERS TO BE INITIATED OR DISCONTINUED, TEST DONE, GENERAL ORDERS

These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

Automatically Activated, Activated by Checking Box

Date: D D M M M Y Y Y Y Y, Time: 24 HOUR

Intravenous Hydration:

Inclusion Criteria for Hydration:

- 1. eGFR less than 60 mL/min. (follow order #1)
2. eGFR greater than 60 mL/min. (follow order #2)

Exclusion Criteria for Hydration:

- 1. CHF with NYHA Class 3-4 symptoms.
2. Suspected severe aortic stenosis
3. Respiratory Distress (respiratory rate greater than 18 breaths/minute and/or oxygen saturation less than 94% on room air)
4. Peritoneal Dialysis or Hemodialysis

Calculate eGFR

Patient formula for calculation of estimated Glomerular Filtration Rate (eGFR) on reverse of page.

- 1. If eGFR is less than 60 mL/min: give IV normal saline 3 mL/kg/hr for one hour pre procedure then run IV of normal saline @ 1 mg/kg/hr for 6 hours.
2. If eGFR is greater than 60 ml/min. Establish IV normal saline at mL/hr (usual rate 100 mL/hr) x 3 hours post procedure.

Medications:

- Confirm resumption of pre-procedure medications with physicians of record. May resume pre-procedure medications. Outpatients may use own medications.
Acetaminophen 325 mg to 650 mg orally q4h prn for pain x 24 hours. (maximum to 4 grams acetaminophen daily)
Acetaminophen with codeine 30 mg 1-2 tabs orally q4h prn for pain x 24 hours. (maximum 4 grams acetaminophen daily)
Lorazepam 0.5 - 1 mg orally q6h prn for anxiety x 24 hours.
Dimenhydrinate 25 - 50 mg IV q4h prn for nausea x 24 hours.
Ondansetron mg IV or po q8h prn for nausea x 24 hours.

- Bedrest routine: For femoral access: If closure device: 1 hour with affected limb straight. For post-femoral bleed, add 3 hours. For femoral access: If NO closure device: 3 hours post hemostasis with affected limb straight. For post-femoral bleed, add 3 hours. If femoral venous access: 1 hour with affected limb straight. For post-femoral bleed, add 1 hour. For radial access: If radial puncture with trans radial compression band: Head of bed may be elevated for patient comfort while trans radial compression band is in place (60 minutes).
Ambulation: Post bed rest and if puncture site is stable. For femoral access: avoid excessive flexing of affected limb and avoid straining with bowel movement. For radial puncture: Ambulate once trans radial compression band is removed and site stable. Avoid flexing of affected wrist.
Notify medical staff if: Notify interventional cardiologist of uncontrolled bleeding and/or hematoma greater than 5 cm at puncture site. Document size.
Upon arrival to patient care unit, assess puncture site, vital signs, and colour, warmth, circulation, movement (CWCM) of affected limb.
- q 15 min x 2
- q 30 min x 2
- q 1hr x 2 then with;
- per unit protocol vital signs and prn.
Oxygen @ 3L/NP to maintain oxygen saturation above 92%.
If diabetic, check blood sugar by glucometer on return to patient care unit.
Resume previous diet orders as tolerated. Encourage fluids unless contraindicated.
Straight catheterization prn for inability to void.
Discontinue IV when vital signs and puncture site are stable, patient has voided, diet and activity tolerated, unless otherwise ordered.

PHYSICIAN'S SIGNATURE, PRINTED NAME, GENERIC EQUIVALENT AUTHORIZED

## **GFR Calculator**

### **Using the MDRD eGFR Calculator at [www.mdrd.com](http://www.mdrd.com)**

1. Change Serum Creatinine to umol/L for units of measurement and enter Serum Creatinine Value
2. Change Age: To the age of patient
3. Select appropriate race and gender
4. Leave IDMS at Yes
5. Use MDRD GFR Value
6. Select the appropriate IV Hydration order according to eGFR value

### **If patient has *renal insufficiency*, suggest:**

1. Adjust IV rate according to eGFR value of less than 60 mL/min. (order # 1)
2. Encourage oral fluids day prior to procedure
3. Suggest repeat serum creatinine 48 hours post procedure. If elevated from baseline, repeat serum creatinine in one week

### **SUGGESTED ALLERGY PROTOCOL:**

Prednisone 50 mg orally

Diphenhydramine 25 mg orally



to be given at 1800h with food evening

**Legend:** ASA - Acetylsalicylic acid  
CABG - Coronary Artery Bypass Graph  
CBC - Complete blood count  
Cl - Chloride  
ECHO - Echocardiogram  
INR - International Normalized Ratio  
K - Potassium  
MIBI - Myocardial Perfusion Scan  
MRI - Magnetic Resonance Imaging  
Na - Sodium  
PTCA - Angiogram and Percutaneous Transluminal Coronary Angioplasty



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**Automatically Activated**     
  **Activated by Checking Box**

Date: 

D	D	M	M	M	Y	Y	Y	Y	Y

 Time: 

24	HOUR						

- If on warfarin or alternative (apixaban, dabigatran, rivaroxaban) pre-procedure, restart usual dose/schedule 4h after ambulation if no bleeding or hematoma unless instructed otherwise.
- Discontinue low molecular weight heparin (enoxaparin, dalteparin) and fondaparinux
- Discontinue unfractionated heparin IV

- Day patients may be discharged after 1 hour of ambulation if vital signs and puncture site are stable unless otherwise ordered.
- Ensure discharge patient information sheet reviewed with patient prior to discharge.

PHYSICIAN'S SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

GENERIC EQUIVALENT AUTHORIZED