



PHYSICIAN'S ORDERS

ORDERED		ORDERS	TIME ORDER NOTED
Date	Time		
		1. Admit to: ()PCU ()ICU	
		2. Resume all previous orders except Lovenox or Heparin.	
		3. Vital signs and groin checks every 15 min x 1 hr; every 30 min x 1 hour. then every 1 hr x 2 hrs . Restart vitals for any complications.	
		4. Strict bed rest with head of bed no higher than 30 degrees while sheath is in place.	
		5. Keep affected extremity straight for ____ hours after sheath removed. Head of bed may elevate 30 degrees after 2 hours. Patient may ambulate in the room ____ hours after sheath is removed.	
		6. 1/2 NS at 100 cc per hr for ____ hours, then at 30 cc per hour after sheath is removed and patient stable.	
		7. Call MD if no urine output in 4 hours, may cath PRN. Remove Foley when bed rest is complete.	
		8. Call MD if BP greater than 160/90 or less than 90/60 mm hg, and heart rate greater than 120 or less than 55 bpm or chest pain.	
		9. Telemetry for 12 hours. Call MD if PVC's 6/min, R on T, VT, rhythm change or ST segment change.	
		10. Stat 12 lead EKG for any chest pain.	
		11. Resume previous diet, if not specified, order cardiac.	
		12. 12 lead EKG in A.M., CBC, BMP, in A.M.	
		13. Notify cath lab for bleeding or hematoma at cath site.	
		14. MEDICATIONS: *Aspirin 325 mg PO every A.M. *Clopidogrel (Plavix) 300 mg PO now (unless it was given in cath lab), then *Clopidogrel (Plavix) 75 mg PO every day. If patient is already on Plavix, do not give 300 mg dose.	

▼ Addressograph / Patient Label ▼



PRE-PROCEDURE CORONARY ANGIOPLASTY-STENT



PHYSICIAN'S ORDERS

ORDERED		ORDERS	TIME ORDER NOTED
Date	Time		
		PRN MEDS:	
		*Acetaminophen (Tylenol) 325 mg PO every 4 hours PRN for minor pain.	
		*Propoxyphene Napsylate 100 mg / Acetaminophen 650 mg (Darvocet N-100) one tablet PO every 4 hours PRN for severe, non-cardiac pain.	
		*Promethazine (Phenergan) 12.5 mg IV 4 hours PRN for nausea.	
		*Aluminum Hydroxide, Magnesium Hydroxide and Simethicone (Maalox Plus) 30 ml PO every 4 hours PRN for indigestion.	
		*Nitroglycerine .0.4 mg sl every 5 minutes PRN for chest pain, call MD.	
		* _____ if marked, continue Nitro infusion (250 ml D5W with 50 mg NTG at _____ ml / hr.	
		15. Consult Cardiac Rehab for the following: <input type="checkbox"/> Risk Modification; <input type="checkbox"/> MI education; <input type="checkbox"/> Assisted ambulation	
		16. <input type="checkbox"/> If marked give Eptifibatide (Integrilin) infusion (0.75 mg/ml) If serum creat is less than 2mg/dl: 2 mcg/kg/min = _____ cc/hr If serum creat is 2-4 mg/dl: 1 mcg/kg/min = _____ cc/hr If serum creat is greater than 4 mg/dl: DO NOT USE INTEGRILIN. Platelet count 2 hrs after bolus (given in Cath Lab) Call MD if platelets less than 100,000. Discontinue Eptifibatide (Integrilin) infusion after 24 hrs	
		17. <input type="checkbox"/> If marked Abciximab (Reopro) infusion (0.125 mcg/kg/min). _____ ml per hr Aciximab (Reopro) infusion Platelet count 2 hours after bolus (given in Cath Lab) Call MD if platelet count is less than 100,000. Discontinue Reopro infusion after 12 hours.	
		MD Signature: _____	

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