**POST CARDIAC CATHETERIZATION**

**PHYSICIAN'S ORDER SHEET**

**ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT**

AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.

<table>
<thead>
<tr>
<th>Allergy</th>
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<tbody>
<tr>
<td>PHYSICIAN'S ORDER</td>
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**DATE:**

**TIME:**

**(Military Time)**

**MEDICATIONS GIVEN DURING CATH**

<table>
<thead>
<tr>
<th>I. VERSED ____________ mg / IV</th>
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<tr>
<td>II. FENTANYL ____________ mcg / IV</td>
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**PATIENT STATUS - POST CARDIAC CATH ORDERS**

1. □ ADMIT (inpatient) -**OR**-
   □ OBSERVE (outpatient) x __________ hrs & discharge to home at __________.

2. □ Complete bedrest x ____________ hrs with right / left leg extended, may elevate HOB 30 degrees; may logroll side to side. Then activity as follows:
   - ________ OOB to chair as tol.; ________ BRP only; ________ activity ad lib; -**OR**-
   - □ DO NOT USE PROCEDURE SITE ARM FOR BP. May sit up.

   Procedure arm used: □ RIGHT □ LEFT

3. □ Check cath site for bleeding & distal pulses with vital signs as follows:
   - every 15min x 4; every 30min x 2; every 1 hour x 4; then __________________________

4. □ Resume pre-cath diet at______________________________

5. □ Encourage patient to drink ________ ml fluids today.

6. □ Tylenol ___ or Tylenol with Codeine #3 ___ ; 2 tablets po every 4 hours prn for cath site pain.

7. □ May insert Foley Catheter; remove when OOB.

8. □ Continue IV of ________ at ________ ml / hour. May d/c IV at ________.

9. □ Sandbag to right / left groin x ________ hours.

10A. □ Angioseal right / left groin.

10B. □ Femstop applied at ________ hours: remove in 3 hours at ________.

**FAXED/TIME:**

**TIME NOTED:**

Doctor's Signature ___________________________.MD Date ________

Nurse's Signature / Title ____________________________

**PART OF THE MEDICAL RECORD**

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