PHYSICIAN’S ORDER SHEET
PRE-CATH / INTERVENTION ORDERS

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.

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<table>
<thead>
<tr>
<th>Check ( )</th>
<th>Each Order As Transcribed</th>
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<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr.</td>
<td>(Military Time)</td>
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<table>
<thead>
<tr>
<th>Diagnosis:</th>
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<table>
<thead>
<tr>
<th>□ NPO at midnight</th>
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<tr>
<th>□ 2 IV Sites: [1] NS @ _________ ml/hr; [2] Hep Lock</th>
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<tr>
<th>□ Obtain EKG, BMP, PT / PTT, CBC, CMP Pre-Procedure</th>
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<tr>
<th>□ If Diabetic: Glucose Finger-Stick before sending Patient to Cath Lab</th>
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<tr>
<th>□ Assess &amp; Mark Distal Pulses</th>
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<tr>
<th>□ Void on Call / Urinary Catheter if Needed</th>
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<tr>
<th>□ If Patient had recent Diagnostic Cath, Assess &amp; Note Groin Site for: Bruit, Redness, Swelling, Pain</th>
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<tr>
<th>Obtain consent for:</th>
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<table>
<thead>
<tr>
<th>□ Right &amp; Left Cardiac Catheterization with possible Percutaneous Transluminal Coronary Angioplasty / Stent / Intravascular Ultrasound</th>
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<tr>
<th>□ Right &amp; Left Cardiac Catheterization</th>
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<tr>
<th>□ Percutaneous Transluminal Coronary Angioplasty / Stent / Intravascular Ultrasound</th>
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<table>
<thead>
<tr>
<th>□ Other</th>
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<tr>
<th>Arterial Doppler of Right Groin</th>
<th>□ YES</th>
<th>□ NO</th>
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Allergy

<table>
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<tr>
<th>ALL MEDICATIONS:</th>
<th>MEDICATIONS</th>
<th>RATIONALE:</th>
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1. Sedation (specify): ________________________________
   ____________________________________________

2. Pre Meds at least 3 hours prior to procedure:
   □ Aspirin (non-enteric) 325 mg PO, and
   □ Plavix _______________________________ mg PO

3. If Creatinine > 1.8: Consider
   □ Mucomyst 600 mg PO Now
   □ IV Fluids _______ @ _______ / Hr for _______ Hrs
   Pre-procedure

4. □ Notify Attending MD for ASA and/or Contrast Allergy

5. □ Give Hypertensive Meds, Hold Glucophage,
   Glucovance, other Oral Hypoglycemics, Insulin,
   Viagra, Heparin, Warfarin & Lovenox

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FXED BY/TIME: (Military Time) | TIME NOTED: (Military Time) | NURSE’S Signature / Title: | MD’s Signature: | Date: | Time: |