ORDERS (OTHER THAN MEDICATIONS)
Admit to Dr. ________

Absolute bedrest with HOB less than 30° x _______ hrs., OOB at ______ hrs.

☐ Vasoseal  ☐ Angioseal  ☐ Other ________

Keep affected leg straight, may log roll.

Vital signs, Groin Site Checks and Pulse Checks:
every 15 min x 4; every 1h x 4; then every 4 hr.

Femoral Arterial Sheath Removal: check ACT in 4 hrs. and 1 hr. until 150 or less

NASAL O₂ at ________ less than ________ hours

IV fluids:
EKG now and with episodes of chest pain/cardiac rhythm changes

Notify (H.O., Fellow, NP, Attending) for:
1. Chest pain or SOB
2. Arrhythmias
3. Excessive bleeding or loss of pulse in affected leg
4. SBP less than 90 or greater than 180  HR less than 50 or greater than 120
5. If unable to void, insert urinary catheter, discontinue Foley when OOB

If patient on ReoPro or Integrilin:
Check CBC in 4 hours and in AM
Notify MD if platelet ________ less than 100,000

Integrilin  ☐  Reopro  ☐  Other  ☐

Start Time ________/End Time ________

Diet: Cardiac

MEDICATION ORDERS (EXCEPT ANTIBIOTICS)

1  ☐ Clopidogrel ________ mg po now then 75 mg po daily

2  ☐ ASA 325 mg po daily  ☐ ASA 81 mg po daily

3  ☑ Acetaminophen 2 tabs PO PRN Q4hr for headache or back pain

INDICATIONS
1- Antiplatelet Therapy
2- Anti-inflammatory/Antiplatelet
3- Analgesic

NURSE SIGNATURE
Date: ____________ Time: ____________
Fax Date: ____________ Time: ____________

PHYSICIAN SIGNATURE/BEEPER #
Date: ____________ Time: ____________

Required for countersignature on telephone/verbal orders:

PROVIDER ORDERS POST CORONARY INTERVENTION