**ORDERS (OTHER THAN MEDICATIONS)**

- Admit to Dr.
- Inpatient Status
- Observation Status
- Patient to remain flat one hour post sheath removal, then
  - HOB elevated greater than 30° x ___ hrs, OOB @ ___ hrs.
- Vasoseal
- Angioseal
- Other
- Keep affected leg straight, may log roll
- Vital signs, groin site checks and pulse checks
  - q 15 min. x 4, q 30 min. x 4, q 1 hr. x 4, then q 4 hr.
- IV fluids:
- Diet: Cardiac prudent
- Notify (H.O. Fellow, NP, Attending) for:
  1. Chest Pain - SOB
  2. SBP less than than 90 or greater than 180
  3. HR less than 50 or greater than 120
  4. Loss of pulse in affected leg, or excessive bleeding
  5. Arrhythmias
- If unable to void insert urinary catheter
- OOB @ ________ Home @ __________

**MEDICATION ORDERS (EXCEPT ANTIBIOTICS)**

1. Nitroglycerine 0.3 mg subling, for chest pain if systolic BP greater than 100 and call M.D.
2. Acetaminophen 2 tabs po q 4 hr. pm for headache or back pain
3. Diazepam 5 mg PO for anxiety/restlessness q 6 hr PRN or Diazepam 2mg IV for sheath pull/anxiety/restlessness - may repeat x 1
4. Clopidogrel ________ mg po now then 75 mg po daily for hypercholesteremia

**PHYSICIAN SIGNATURE / BEEPER @ PAS #**

**NURSE SIGNATURE**

Date: ________ Time: ________

Fax Date: ________ Fax Time: ________

**PHYSICIAN SIGNATURE/BEEPER #**

Required for countersignature on telephone/verbal orders:

Date: ________ Time: ________

**PROVIDER ORDERS**

SAME DAY CATH

POST- CATH ORDER