1. ALLERGIES/REACTIONS: 

2. □ INPATIENT CARE

□ OUTPATIENT CARE

□ OBSERVATION CARE: (where the patient has had an unexpected outcome/event that requires a higher level of monitoring to determine if the patient should be admitted)
   □ Outpatient Observation
     □ with cardiac monitoring □ without cardiac monitoring

MUST complete REQUIRED documentation on ALL lines below

• Diagnosis/Symptoms/Chief Complaint:
  Required: ________________________________
  (Reason for Observation Services)

• Monitor for:
  Required: ________________________________
  (Condition(s)/treatment(s) to be monitored or goal for care)

• Notify Provider when:
  Required: ________________________________
  (Identify treatment goal and/or criteria for notification or indication(s) that orders have been met)

3. PREFERRED LOCATION (UNIT/SERVICE): 

4. PROCEDURE: ________________________________

5. If patient has had an MI then initiate the Critical Care Admission Physician Order # 686

6. NUTRITION:
   □ Cardiac Low Fat/Cholesterol/Salt
   □ NPO ________ hours post procedure
   □ Encourage oral fluids. Clear liquids for 2 hours post procedure then resume diet (finger foods while sheath(s) in place)
   □ ADA Diabetic ______________ calories
   □ Other (i.e. Renal, Mechanical Soft) ______________
   □ ______________ ml/24 hour fluid limit times ____________ days

7. TREATMENT:
   POST PROCEDURE:
   □ Notify Physician of any chest pain, hematoma, bleeding, decrease in pulses, arrhythmias, or unstable vital signs
   □ Insert retention catheter PRN inability to void or feelings of discomfort/distention. Obtain UA R (Urinaalysis with culture if indicated) and repeat UA R prior to 48 hours post insertion. Initiate Medical Staff Approved Urinary Catheter Protocol #967.00. Discontinue catheter when patient able to sit up on bedside.
   □ Guaiac all stools
   □ Daily weights
   □ Insert 20 gauge Saline lock and designate for lab draws
   □ Hold all venipuncture sites for 5 minutes
   □ May use home CPAP equipment per CPAP – Patient Owned Medical Equipment Use Protocol # 908.00. Home medical equipment waiver must be signed by the patient. Respiratory Therapy/Nursing to assess patient ability to self administer CPAP.

Physician Initial: ________________________________

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PATIENT INFORMATION

Physician Orders
CARDIAC INTERVENTION
POST PROCEDURE

Franciscan Health System
St. Joseph Medical Center, Tacoma, WA
St. Francis Hospital, Federal Way, WA
St. Clare Hospital, Lakewood, WA
St. Elizabeth Hospital, Enumclaw, WA
St. Anthony Hospital, Gig Harbor, WA

(03/13/13)
Revision R
7. **TREATMENT:** (Continued)

**PRE SHEATH REMOVAL:**
- Monitor sheaths, check pulses and vital signs every 15 minutes times 4, then every 30 minutes times 2, then every 1 hour until sheaths removed. **Do not flush or draw labs from capped sheaths.**
- Bedrest. Patient may move side to side if no bleeding or hematoma.
- Head of bed elevated to 30° or ____________
- Check ACT on arrival to unit. Draw ACT every 1 hour until ACT less than 150 seconds.
  - Discontinue sheath(s):
    - ACT less than 150 seconds
    - 2 hours after bivalirudin (Angiomax) discontinued
    - ____________ hour(s)

**Closure device used:** ____________________________________________________________________________

**POST SHEATH REMOVAL:**
- Maintain groin pressure with FemoStop (as needed) until hemostasis achieved but no longer than 2 hours per FemoStop and Sheath (Arterial/Venous) Removal Procedure. Notify Physician if bleeding persists.
- Vital signs: Pulse, blood pressure, respiration, temperature, and check incision site for bleeding every 15 minutes times 4, every 30 minutes times 2, every hour times 2, then per unit protocol
- Intake / Output per unit protocol
- Remove groin dressing 12 hours post-sheath removal
- May be out of bed in 6 hours or ____________ hours post sheath removal
- Monitor puncture site(s) for bleeding during ambulation
- Notify Physician of hematoma or new bleeding after puncture site hemostasis is achieved

8. **DIAGNOSTICS:**
- 12-lead ECG now and in AM
- ECG PRN for chest pain and notify Physician
- 2D Ultrasound Echocardiogram with doppler. To be read by Dr. __________________________________________________________________________

9. **LABS:**
- Stat Hct with any suspected bleeding
- CPK, CKMB, TNI every 6 hours times _______; next draw at _________ (time)
- Abciximab (ReoPro) and eptifibatide (Integrilin) Labs: CBC with platelets at 2 and 24 hours following procedure
- CBC, BMP in AM
- Lipid (Fasting) Profile in AM
- PLT PLA (platelet function in the presence of Plavix) – **DO NOT SEND SAMPLE VIA PNEUMATIC TUBE**
- PLT ASA (platelet function in the presence of Aspirin) – **DO NOT SEND SAMPLE VIA PNEUMATIC TUBE**
- Other: __________________________________________________________________________________________

10. **GLUCOSE MANAGEMENT:**
- Fingerstick blood glucose before meals and at bedtime or if NPO check every 6 hours
- Initiate Glycemic Control - Subcutaneous Addendum Physician Order # 825

Physician Initial: ________________________________________________________________________________
11. INPATIENT ADMISSION ONLY
LAB:
☐ MRSA PCR Screen and contact precautions, if indicated, per MRSA Screening Protocol
☐ Culture suspected infection per Protocol

VTE Prophylaxis: (Must follow recommendations below unless VTE Risk Assessment # 718 completed)
Must choose one medication:
☐ Enoxaparin (Lovenox) 40 mg subcutaneously daily  Start: ____________________________
☐ Heparin 5,000 units subcutaneously every 8 hours  Start: ____________________________
☐ Heparin/Enoxaparin contraindicated due to:
  ☐ High Risk of Bleeding  ☐ History of HIT  ☐ Other: ____________________________
  ☒ Sequential compression device (SCD) unless contraindicated. Remove every 8 hours.
☐ SCD contraindicated due to:
  ☐ Apply Antiembolic (AE) Stockings, Knee length

HEPARIN:
☐ Discontinue Heparin.
☐ Start Heparin infusion 6 hours post sheath removal at 1,000 units/hour or ___________ units/hour
  ☐ No Bolus
  ☐ Do not adjust Heparin Infusion rate. Call Physician for parameters and frequency of Hep UFH (Anti-Xa) lab draws.
  ☐ Adjust per Heparin Infusion Titration Weight-Based Protocol (Not For Use In Stroke) Physician Order # 580

Anticoagulant/Antiplatelet Agents:
☐ Aspirin (non-enteric coated) 325 mg PO daily  Start ____________________________
☐ Aspirin (non-enteric coated) 81 mg PO daily  Start ____________________________
☐ Clopidogrel (Plavix) 75 mg PO daily  Start ____________________________
☐ Prasugrel (Effient) 10 mg PO daily  Start ____________________________
☐ Prasugrel (Effient) 5 mg PO daily (consider for patients less than 60 kg)  Start ____________________________

Beta-Blocker Therapy:
☐ Carvedilol (Coreg) ___________ mg PO every 12 hours  Start ____________________________
☐ Metoprolol (Lopressor) ___________ mg PO every 12 hours  Start ____________________________

ACE-I/ARB:
☐ Lisinopril (Prinivil, Zestril) ___________ mg PO daily  Start ____________________________

Statin Therapy:
Simvastatin: If taking verapamil or diltiazem chronically, limit dose to 10 mg nightly; if taking amiodarone, amlodipine, or ranolazine, limit dose to 20 mg nightly. If patient requires more simvastatin use rosuvastatin.
☐ Simvastatin (Zocor) 10 mg PO HS  Start ____________________________
☐ Simvastatin (Zocor) 20 mg PO HS  Start ____________________________
☐ Simvastatin (Zocor) 40 mg PO HS  Start ____________________________
☐ Rosuvastatin (Crestor) 10 mg PO HS  Start ____________________________

Physician Initial: ____________________________

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12. MEDICATIONS:
☐ Complete Medication Reconciliation
☐ Do not repeat medications if patient has taken at home on the morning of procedure
☐ Nursing to complete Nurse Initiated Vaccine Assessment Order # 596762
☐ Nurse may initiate Over the Counter Patient Care Products Physician Order # 767
☐ Hold metformin (Glucophage) ________ days after procedure.  Start ____________________________

PHYSICIAN ORDERS
CARDIAC INTERVENTION
POST PROCEDURE

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12. **MEDICATIONS:** (Continued)

**IV Analgesia:**

- Morphine sulfate 2-10 mg IV every 1 hour as needed for pain
  - Avoid use in renal dysfunction (serum creatinine greater than 2 mg/dL or patient on dialysis)

**OR**

- Other: 

**Oral Analgesia:** (When pain is under control and patient tolerating oral intake, trial oral pain medications)

[NOTE: Number only those medications desired. The nurse will select #1 as the first medication to be given. If ineffective, #2 will be used next, and then #3, #4, etc. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.]

- Acetaminophen (Tylenol) 325 mg 1-2 tablets PO every 4 hours PRN mild discomfort
- Hydrocodone bitartrate 5 mg with acetaminophen 325 mg (Vicodin, Norco) 1-2 tablets PO every 4 hours PRN pain (Not to exceed 9 tablets per 24 hours)
- Oxycodone 5 mg with acetaminophen 325 mg (Percocet 5/325) 1-2 tablets PO every 4 hrs PRN pain (Not to exceed 9 tablets per 24 hours)

**LIMIT THE TOTAL DOSE OF ALL ACETAMINOPHEN CONTAINING PRODUCTS TO 3,000 MG PER DAY**

**Break Through Pain:**

- If above oral medications are ineffective after 1 hour minimum, use
- Oxycodone 5 mg 1-2 tablets PO every 3 hours PRN pain

**Sedation/Anxiety:**

[NOTE: Number only those medications desired. The nurse will select #1 as the first medication to be given. If ineffective, #2 will be used next. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.]

- Lorazepam (Ativan) mg PO every 6 hours PRN sedation/anxiety (usual dose 0.5 – 1 mg)
- Alprazolam (Xanax) mg PO every 6 hours PRN sedation/anxiety (usual dose 0.25 – 0.5 mg)

**Nausea/Vomiting:**

- Ondansetron (Zofran) 4 mg IV every 4 hours PRN nausea/vomiting. (Maximum 24 mg per 24 hours).
  - If ondansetron is ineffective, discontinue ondansetron and give promethazine (Phenergan) 12.5-25 mg IV every 4 hours PRN nausea/vomiting. Use 6.25 – 12.5 mg IV for patients age 65 and over.

**Sedative/Hypnotic:**

- Temazepam (Restoril) 15 mg PO at bedtime PRN sleep

**Nicotine Replacement:**

- Nicotine Replacement per Nicotine Replacement Physician Order # 616.
  - Provide smoking cessation information to patient and document on education record.

**Other Medications:**

- Atropine 0.5 mg IV PRN symptomatic bradycardia. May repeat times 1. Notify Physician if additional dose required.
  - For non-critical care areas, an ACLS-trained Charge/Resource Nurse must assess patient, administer the atropine, and seek assistance from Physician. If ACLS-trained Nurse not readily available, a Rapid Response Team (RRT) must be initiated.
- Nitroglycerin 0.4 mg sublingual PRN for chest pain. May repeat every 5 minutes times 3 providing systolic BP greater than 90 mmHg and notify Physician.
- Famotidine (Pepcid) 20 mg PO twice daily (Pharmacy: If proton pump inhibitor is ordered; discontinue famotidine)
- Pantoprazole (Protonix) 40 mg PO daily (Start)
- Antacid on formulary 30 ml PO every 4 hours PRN indigestion (if serum creatinine less than 1.8 mg/dL)
- Milk of Magnesia 30 ml (same as 10 ml concentrate) PO daily PRN constipation (if serum creatinine less than 1.8 mg/dL)

**Other:**

- Physician Initial: __________________________

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**PHYSICIAN ORDERS**

**CARDIAC INTERVENTION POST PROCEDURE**

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**Franciscan Health System**

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Revision R
13. **INTRAVENTOUS INFUSIONS:**
- Nitroglycerin IV infusion: Infuse at ______ mcg/minute
- Dopamine IV infusion: Infuse at ______ mcg/kg/minute for systolic BP less than ______ mmHg
- Glycoprotein IIB/IIIA Inhibitor (Integriiln/ReoPro) Physician Order # 636

14. **INTRAVENTOUS FLUIDS:**
- IV: ______ ml/hour
- Continue Hydration Orders for Reducing Risk of Radiocontrast Induced Nephrotoxicity Physician Order # 683

15. **TEACHING:**
- Initiate discharge teaching day of procedure. Provide *Cardiac Angiography/Intervention Education Packet* to patient and family if not previously provided. Document on education record.

16. **DISCHARGE:**
- For discharge medications, see Discharge Medication Reconciliation
- Ensure groin dressing removed prior to discharge
- Ambulate fully before discharge
- If stable, discharge patient on __________ (date) at ________________ (time)
  *(Do not discharge patient unless this box is checked)*
- Contact Physician for final status update prior to discharge.

**Follow-up appointment:**
Dr. __________ Date ______ Time: ______ Location/Phone __________
Dr. __________ Date ______ Time: ______ Location/Phone __________

- **REFERRAL:**
  - *Group Health patient*: Discussion regarding cardiac rehab to occur at follow-up appointment with cardiologist.
    *(Note on Discharge Instruction Sheet)*
  - *All other patients*: Cardiac Rehab Phase II

17. **OTHER ORDERS:**

**NOTE:** These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

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**DATE**   **TIME**   **PHYSICIAN’S SIGNATURE**

Another brand of drug, identical in form and content, may be dispensed unless checked. □