

**WESTERN MARYLAND HEALTH SYSTEM**  
**Physician Orders**

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION  
 DO NOT USE ABBREVIATIONS**

<b>DOCTORS ORDERS POST-DIAGNOSTIC CARDIAC CATH ORDERS</b>	<b>CHECK OFF/ INITIALS</b>
Admit patient or transfer patient to _____	
Upon return from cath lab, check vital signs, dressing and distal pulse every 15 minutes x 4, every 30 minutes x 2, every 1 hour x 4, then every shift (Blood pressure, pulse, respiratory rate, temperature). If distal pulse not present notify MD.	
Complete bed rest with leg on side of arterial access extended for 6 hours. May elevate Head Of Bed 10-15 degrees. May put patient in reverse Trendelenburg to 60 degrees for comfort or meals if Systolic Blood Pressure greater than 100 mmHg. If closure device is used bedrest x ____ hours. Provide patient with follow-up instructions for appropriate device.	
For brisk bleeding or hematoma, apply direct pressure and notify physician or cath lab.	
Sandbag to groin x 4 hours. No sandbag if closure device is used.	
Home diet _____; Encourage patient to drink 1500 mL fluid today.	
Continue present Intravenous at _____ mL/hour for a total of _____ mL.	
<input type="checkbox"/> Acetaminophen 300mg/ Codeine 30mg (Tylenol #3®) 1 or 2 tabs by mouth every 4 hours as needed (if no codeine allergy)	
<input type="checkbox"/> Acetaminophen (Tylenol®) 325 mg, 2 tabs by mouth every 4 hours as needed for catheter site discomfort. If not effective notify MD.	
Nitroglycerin (Nitrostat®) 0.4 mg Sublingual every 5 minutes X 3 as needed for chest pain. Notify physician if used.	
Notify physician for Blood Pressure < 90 mmHg systolic and/or Heart Rate < 45 beats/minute.	
If unable to void 4 hours post-procedure insert foley catheter and remove once patient is out of bed.	
Attending physician notified of catheterization results by Cardiologist: <input type="checkbox"/> NO <input type="checkbox"/> YES If no, nursing unit to please notify.	
<b>For patients with GFR less than 60mL/min and not on dialysis give Acetylcysteine (Mucomyst®) 800mg by mouth post procedure times one.</b>	
Additional Orders:	

**Physician/Date/Time:** \_\_\_\_\_

<b>DOCTORS ORDERS POST-DIAGNOSTIC CARDIAC CATH ORDERS</b>	<b>CHECK OFF/ INITIALS</b>
If Fem-O-Stop is placed on the patient:	
1. Fem-O-Stop is to be used per policy for hemostasis maintaining initial pressure for about 1-3 minutes.	
2. Lower the pump pressure to a maintenance pressure until limb perfusion is restored and hemostasis is maintained.	
3. Continue maintenance pressure and gradually lower the pressure by 10-20mmHg every few minutes until zero or minimal pressure is achieved and there is no bleeding or hematoma formation.	
4. The Fem-O-Stop device will be left in place at minimal or zero pressure for 4 hours.	
Following application of Fem-O-Stop, assess patient every 5 minutes for 20 minutes, then every 15 minutes for one hour, then every 30 minutes for one hour, and then every hour. Assess and document time, inflation pressure, distal pulses, sensation, and presence or absence of hematoma or ecchymosis.	

<b>Physician/Date/Time:</b>	<b>Nurse/Date/Time:</b>	<b>Secretary/Date/Time:</b>
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**Full page of orders requires only one physician, one nurse and one clerical signature**



Original to Patient's Chart

Fax to Pharmacy

Revised: 12/05; 12/09      Form # 2.4-002