

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

DOCTORS ORDERS PRE-PTCI ORDERS	CHECK OFF/ INITIALS
Testing 24 hours prior to procedure: Labs to be drawn on: _____ Diagnosis: _____	
CBC/DIFF/PLT PT/APTT LYLES LIPID PROFILE TYPE & SCREEN EKG TO BE DONE ON : _____	
Renal Profile within five days of procedure.	
Chest X-ray (PA and lateral) within 6 months.	
Obtain old charts. Include old CABG & Cath reports and films as necessary.	
List patient allergies and describe reaction:	
Nothing by mouth after midnight if procedure <i>before</i> 1200.	
Clear liquids <i>before</i> 0700 then nothing by mouth if procedure <i>after</i> 1200.	
Hold diabetic medications, diuretics and Warfarin (Coumadin®)	
Hold Warfarin (Coumadin®) 3 days prior to the procedure. If Warfarin (Coumadin®) held – repeat INR/PT morning of the procedure.	
May take oral medications with sip of water.	
Must have 2 patent #20 gauge Intravenous sites (left arm preferred) 1000 mL 0.9% Sodium Chloride at keep open rate	
Obtain signature on Cardiac Cath/Interventional consent if not completed.	
Void “on call” to lab.	
Diazepam (Valium®) 10 mg by mouth (if age 70 or less) or Diazepam (Valium®) 5 mg by mouth (if age 70 or greater) on call to catheterization laboratory.	
Diphenhydramine (Benadryl®) 25mg intravenous, on-call to Cath Lab for Dr. Singh’s patients.	
To be given on the day of the procedure: (if not already taken that day and no allergies) Aspirin 325 mg by mouth Clopidogrel (Plavix®) 300 mg by mouth Pantoprazole (Protonix ®) 40 mg by mouth	
<b>For patients with Glomerular Filtration Rates (GFR) less than 60 mL/minute and not on dialysis</b> Acetylcysteine (Mucomyst®) 800 mg by mouth twice daily the day before the procedure and 800 mg by mouth twice daily the day of the procedure and prepare <b>Sodium Bicarbonate Infusion:</b> Add 150 mL of Sodium Bicarbonate for injection (concentration 1mEq/mL) to 1000 mL of 0.45% Sodium Chloride for injection to make a final concentration of 150 mEq per 1150mL.	
<b>Dosage and Administration</b> Give a bolus dose of 3mL/kg intravenous over 1 hour, starting 1 hour <b>before</b> administration of contrast media, followed by an intravenous infusion of 1mL/kg per hour, for 6 hours <b>after</b> the procedure.	

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For patients weighing more than 110 kg (242 lbs.) the bolus infusion and 6 hour infusion rate is limited to the dose for 110 kg.	
<b>Calculation of bolus: (*330mL maximum) (3mL/Kg)</b>	
3 mL x ( _____ weight in kg) = _____ mL to be given intravenous over 1 hour <b>before</b> contrast.	
<b>Calculation of post cath infusion: (*110 mL/hour maximum infusion rate) (1mL/Kg)</b>	
1mL x ( _____ weight in kg) = _____ mL/hour intravenous for 6 hours <b>after</b> procedure	
Establish a dedicated Intravenous line for the Sodium Bicarbonate administration	
BUN and Creatinine to be drawn 72 hours post procedure.	
<b>For patients with known Iodine/shellfish/contrast allergies – please complete this section:</b>	
Signs and symptoms of contrast reaction _____	
Notify physician prior to the procedure	
Pre-medication to be taken as follows:	
Prednisone (Deltasone®) 40mg by mouth the evening before the procedure and 40mg by mouth the morning of the procedure.	
Diphenhydramine (Benadryl®) 50 mg by mouth the evening before the procedure and 50 mg intravenous at the time of the procedure.	
Cimetidine (Tagamet®) 300 mg by mouth the evening before the procedure and 300 mg intravenous the morning of the procedure.	
***Physician must be notified if pre-medication is incomplete***	
<b>Physician/Date/Time:</b>	<b>Nurse/Date/Time:</b>
<b>Secretary/Date/Time:</b>	

**Full page of orders requires only one physician, one nurse and one clerical signature**

Original to Patient's Chart

Fax to Pharmacy

