

WESTERN MARYLAND HEALTH SYSTEM
Physician Orders

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

DOCTORS ORDERS POST PTCI	CHECK OFF/ INITIALS
Admit to: <input type="checkbox"/> PCU <input type="checkbox"/> CVICU	
Heparin lock with flush every shift	
Upon return from cath lab check vital signs (blood pressure, pulse), dressing and extremity pulse every 15 minutes x 4; every 30 minutes x 2; every 1 hour x 4 and then every 4 hours. Blood pressure, pulse, groin and extremity check until sheaths out and Nitroglycerin off, then every shift including temperature and respiratory rate. Continuous heparinized flush to sheaths until they are discontinued. (1,000 units/500 mL 0.9% Sodium Chloride). If closure device is used bedrest x _____ hours. Provide patient with follow-up instructions for appropriate device	
Complete bedrest with leg used for arterial introducer extended. May elevate head of bed 30 degrees. May put patient in reverse trendelenburg to 60 degrees for comfort or meals if systolic blood pressure greater than 100 mmHg	
DAT, advance to 2 Gram Sodium, Low Fat, Low Cholesterol in addition to home diet. <input type="checkbox"/> _____ Cal ADA <input type="checkbox"/> _____ Renal <input type="checkbox"/> _____ Other:	
If unable to void 4 hours post-procedure, may place foley catheter and remove once out of bed.	
12 lead EKG as soon as possible and next morning; emergency 12 lead EKG for chest pain or other status changes	
LABS: 4 hours post-procedure: Hgb & Hct, CPK, CPK-MB, BUN, CR, PT, APTT, Lytes Daily x 1 day: CBC, CPK, CPK-MB, BUN, CR, Lytes, PT if on Warfarin (Coumadin®)	
Call MD if: Creatinine > 1.4 Potassium < 3 or >6 WBC > 10,500 Sodium < 130 CPK-MB > 20 HCT < 30 Temperature > 101 F Systolic BP < 90 Heart Rate < 50	
Intravenous _____ at _____ mL/hr for _____ hours	
0.9% Sodium Chloride 200 mL Intravenous bolus for systolic blood pressure < 90 mmHG	
O ₂ 2L Nasal Cannula promptly as needed for chest pain or status changes	
Pulse oximetry if sustained systolic blood pressure < 90, or heart rate < 50 or respiratory rate > 20, or change in mental status, notify physician	
Notify physician immediately for chest pain unrelieved by Nitroglycerin, groin bleeding or sustained systolic blood pressure < 90 mmHg	
Additional medications:	
Nitroglycerin drip 50 mg/250 mL Dextrose 5% in Water to run at 10-50 mcg/min Intravenously and titrate to maintain systolic blood pressure > 90 < 150.	
Discontinue Nitroglycerin drip at _____	

Physician/Date/Time: _____

**Western Maryland Health System
Physician Orders**

DOCTORS ORDERS POST PTCI	CHECK OFF/ INITIALS
IIb/IIIa Inhibitor - _____ to infuse at _____ mL/hr for _____ hours or _____ bottles, then discontinue	
Clopidogrel (Plavix®) 75 mg daily by mouth	
Aspirin Enteric Coated (Ecotrin®) 325 mg daily by mouth	
Pantoprazole (Protonix ®) 40 mg daily by mouth	
Oxycodone 5 mg/Acetaminophen 325 mg (Percocet®) 1-2 tablets by mouth every 4 hours as needed for cath site discomfort; if not effective, call physician	
Prochlorperazine (Compazine®) 5 mg Intravenously every 4-6 hours as needed	
Atropine 1mg Intravenously for heart rate below 40. May repeat times one, in 15 minutes.	
ACT 4 hours after last dose Heparin or Bivalirudin (Angiomax®), and follow the sheath removal protocol	
Sheath removal protocol : For Heparin: if ACT < 150, discontinue sheaths, if > 150 do hourly ACT until < 150, then discontinue sheaths. For Bivalirudin (Angiomax®): if ACT <200 discontinue sheaths, if > 200 do hourly ACT until < 200, then discontinue sheaths	
If Fem-O-Stop is placed on patient: <ol style="list-style-type: none"> 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 10-20 mmHg 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. 5. 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 	
Bedrest 4 hours after Fem-O-Stop removed, then out of bed as tolerated	
Discontinue pre-procedure Heparin and Enoxaparin Sodium (Lovenox®)	
Consult Community Care Manager	

Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:
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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