



PHYSICIAN'S ORDER SHEET

- 1. ENSURE PHARMACY COPY IS PRESENT BEFORE WRITING MEDICATION ORDERS
2. START EACH DAY'S MEDICATION ORDERS AND GENERAL ORDERS AT THE SAME HORIZONTAL LEVEL.
3. DO NOT ADD OR CHANGE ORDERS IN ANY SECTION WHERE ORDERS HAVE PREVIOUSLY BEEN WRITTEN.

Use Ball Point - Press Firmly

POST-CORONARY ANGIOGRAM PROCEDURE

Form header section containing: Drug Allergies, ORDER TRANSCRIBED AND ACTIVATED, DATE, TIME, Patient's Height, Patient's Weight, MEDICATION ORDERS TO BE INITIATED OR DISCONTINUED, TEST DONE, GENERAL ORDERS, and a disclaimer: 'These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards.'

Main body of the form containing: Date and Time fields, Intravenous Hydration section (Inclusion and Exclusion Criteria), Calculate eGFR section (Patient formula and two options), Medications section (Confirm resumption and list of drugs like Acetaminophen, Lorazepam, etc.), and a list of general orders including Bedrest routine, Ambulation, Notify medical staff, and Oxygen @ 3L/NP.

PHYSICIAN'S SIGNATURE and PRINTED NAME fields.

GFR Calculator

Using the MDRD eGFR Calculator at www.mdrd.com

1. Change Serum Creatinine to umol/L for units of measurement and enter Serum Creatinine Value
2. Change Age: To the age of patient
3. Select appropriate race and gender
4. Leave IDMS at Yes
5. Use MDRD GFR Value
6. Select the appropriate IV Hydration order according to eGFR value

If patient has *renal insufficiency*, suggest:

1. Adjust IV rate according to eGFR value of less than 60 mL/min. (order # 1)
2. Encourage oral fluids day prior to procedure
3. Suggest repeat serum creatinine 48 hours post procedure. If elevated from baseline, repeat serum creatinine in one week

SUGGESTED ALLERGY PROTOCOL:

Prednisone 50 mg orally

Diphenhydramine 25 mg orally



to be given at 1800h with food evening

Legend: ASA - Acetylsalicylic acid
CABG - Coronary Artery Bypass Graph
CBC - Complete blood count
Cl - Chloride
ECHO - Echocardiogram
INR - International Normalized Ratio
K - Potassium
MIBI - Myocardial Perfusion Scan
MRI - Magnetic Resonance Imaging
Na - Sodium
PTCA - Angiogram and Percutaneous Transluminal Coronary Angioplasty



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POST-CORONARY ANGIOGRAM PROCEDURE

Drug Allergies 	ORDER TRANSCRIBED AND ACTIVATED	DATE _____ TIME _____ Patient's Height _____ Patient's Weight _____
Rx MEDICATION ORDERS TO BE INITIATED OR DISCONTINUED	TEST DONE	GENERAL ORDERS

***These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards.
Patient allergy and contraindications must be considered when completing these orders.***

Automatically Activated
 Activated by Checking Box

Date:

D	D	M	M	M	Y	Y	Y	Y	Y

 Time:

24	HOUR						

- If on warfarin or alternative (apixaban, dabigatran, rivaroxaban) pre-procedure, restart usual dose/schedule 4h after ambulation if no bleeding or hematoma unless instructed otherwise.
- Discontinue low molecular weight heparin (enoxaparin, dalteparin) and fondaparinux
- Discontinue unfractionated heparin IV

- Day patients may be discharged after 1 hour of ambulation if vital signs and puncture site are stable unless otherwise ordered.
- Ensure discharge patient information sheet reviewed with patient prior to discharge.

PHYSICIAN'S SIGNATURE _____

PRINTED NAME _____

GENERIC EQUIVALENT AUTHORIZED