Hôpital St-Boniface Hospital

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 ANGIOPLASTY/STENT/GP IIb IIIa INHIBITOR INFUSION

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 Time: 24 HOUR

Intravenous Hydration: Please review Inclusion and Exclusion Criteria for suggested hydration.

Inclusion Criteria for Hydration:

1. eGFR less than 60 mL/min. (follow order #1)
2. eGFR greater than 60 mL/min. (follow order #2)

Exclusion Criteria for Hydration:

1. CHF with NYHA Class 3-4 symptoms.
2. Suspected severe aortic stenosis
3. Respiratory distress (respiratory rate greater than 18 breaths/ minute and/or oxygen saturation less than 94% on room air)
4. Peritoneal Dialysis or Hemodialysis

Calculate eGFR

■ **Patient formula for calculation of estimated Glomerular Filtration Rate (eGFR) on reverse of page.**

☐ 1. **If eGFR is less than 60 mL/min:** give IV normal saline 3 mL/kg IV over 1hour pre procedure then continue at 1 mL/kg/hr for 6 hours post procedure.

☐ 2. **If eGFR is greater than 60 mL/min**. Establish IV normal saline at _____ mL/hr (usual rate 100 mL/h) x 3 hours post procedure.

Medications:

■ Confirm resumption of pre procedure medications with Medication Reconciliation Sheet/Medication Administration Record.

Overnight patients may use own medications.

■ If patient not receiving clopidogrel or ticagrelor, ensure loading dose is given

- ☐ Clopidogrel 300 mg orally
- ☐ Clopidogrel 600 mg orally
- ☐ Ticagrelor load 180 mg orally once prior to procedure.

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■ Bedrest routine:
For femoral access: If closure device: 1 hour with affected limb straight. For post-femoral bleed, add 3 hours.
For femoral access: If NO closure device: 3 hours post hemostasis with affected limb straight. For post-femoral bleed, add 3 hours.
If femoral venous access: 1 hour with affected limb straight. For post-femoral bleed, add 1 hour.
For radial access: If radial puncture with trans radial compression band: Head of bed may be elevated for patient comfort while trans radial compression band is in place (90 minutes).

■ Ambulation:
Post bed rest and if puncture site is stable.
For femoral access: avoid excessive flexing of affected limb and avoid straining with bowel movement.
For radial puncture: Ambulate once trans radial compression band is removed and site stable. Avoid flexing of affected wrist.

■ Notify medical staff if:
Notify interventional cardiolgist of uncontrolled bleeding and/or hematoma greater than 5 cm at puncture site. Document size.

■ Upon arrival to patient care unit, assess puncture site, vital signs, and colour, warmth, circulation, movement (cwcm) of affected limb.

- q 15 min x 2
- q 30 min x 2
- q 1hr x 2 then with;
- per unit protocol vital signs and prn.

■ Oxygen @ 3L/NP to maintain oxygen saturation above 92%.

■ If diabetic, check blood sugar by glucometer on return to patient care unit.

■ Resume previous diet orders as tolerated.
Encourage fluids unless contraindicated.

- ☐ Inpatient: if baseline creatinine elevated, repeat serum creatinine 48 - 96 hours post-procedure.
- ☐ Outpatient: mandatory blood requisition for serum creatinine 5 days post-procedure

■ Straight catheterization prn x 1. If still unable to void insert foley catheter. Discontinue catheter by 0600h or when ambulating.

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July 6, 2020 7102-3151-7

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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Maintenance Dose

■ ☐ Clopidogrel _____mg orally (usual dose 75 mg) once daily
☐ Ticagrelor 90 mg orally twice daily

■ Enteric coated acetylsalicylic acid _____ mg (usual dose 81 mg or 325 mg) orally once a day, if not allergic to acetylsalicylic acid. * Elder Alert - if on Ticagrelor, maximum dose of acetylsalicylic acid is 100 mg.

☐ If diabetic
☐ Restart the oral antidiabetic agent post-procedure if blood sugar within acceptable range (5 - 18 mmol/L)
☐ Give usual dose of pre-meal insulin post-procedure if patient eating and drinking and blood sugar within acceptable range (5 - 18 mmol/L)

☐ Apixaban 2.5 mg by mouth two times a day (BID).
☐ Apixaban 5 mg by mouth two times a day (BID).
☐ Rivaroxaban 2.5 mg by mouth two times a day.
☐ Rivaroxaban 10 mg by mouth daily (OD).
☐ Rivaroxaban 15 mg by mouth daily (OD).
☐ Dabigatran etexilate 110 mg by mouth two times a day (BID).
☐ Dabigatran elexilate 150 mg by mouth two times a day (BID).
☐ Warfarin 5 mg by mouth with supper.
☐ Warfarin, _____ mg by mouth with supper.
☐ **Gastrointestinal - Oral**
☐ Pantoprazole EC 40 mg by mouth daily (OD) before breakfast.
☐ Esomeprazole MUPS wildcard before breakfast.

■ If on warfarin or alternative (apixaban, dabigatran or rivaroxaban) pre-procedure, restart usual dose/schedule 4 hours after ambulation if no bleeding or hematoma, unless instructed otherwise.

☐ Discontinue low molecular weight heparin (enoxaparin/ dalteparin) and fondaparinux.
☐ Discontinue unfractionated heparin IV
☐ Acetaminophen 325 - 650 mg orally q4h prn for pain x 24 hours. (maximum 4 grams acetaminophen daily)
☐ Acetaminophen with codeine 30 mg 1 - 2 tabs orally q4h for pain x 24 hours. (maximum 4 grams acetaminophen daily)

■ 12 lead ECG upon arrival to patient care unit. Stat ECG with angina or signs/symptoms suggestive of angina. Review ECG with M.D.

■ Discontinue IV Infusion when GP IIb/IIIa inhibitor infusion (eptifibatide [Integrilin®] or abciximab [Reopro®]) completed, when vital signs and puncture sites stable, patient voided, diet and activity are tolerated.

■ Avoid unnecessary venous and arterial punctures, IM injections and non-compressible IV sites if receiving GP IIb/ IIIa inhibitor infusion (eptifibatide [Integrilin®] or abciximab [Reopro®]).

☐ Telemetry is required. Monitor until _____ h or for ___ hours.

Lab Work:

■ For patients on GP IIb/IIIa inhibitor infusion (eptifibatide/ [Integrilin®]
CBC stat, ☐ 2 hours and ☐ 12 hours post GP IIb/IIIa inhibitor initial bolus.
NOTE: "**GP IIb IIIa inhibitor infusion**" must be written on CBC requisition.

■ **If platelets less than 100 x 10^9/L notify Interventional Cardiologist immediately** (May require stopping of the GP IIb/IIIa inhibitor infusion (eptifibatide [Integrilin®] or abciximab [Reopro®]) or may require platelet transfusion)

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☐ Lorazepam 0.5 - 1 mg orally q6h prn for anxiety x 24 hours.
☐ Dimenhydrinate 25 - 50 mg IV q4h prn for nausea x 24 hours.
☐ Ondansetron 4 mg po q8h prn for nausea. Stop after 24 hours.

GP IIb IIIa Inhibitor Patient weight _____ Kg

DO NOT USE eptifibatide (Integrilin®) if eGFR is less than 30 mL/min. Eptifibatide (Integrilin®):
For patients with eGFR greater than 50 mL/min.

☐ Eptifibatide (Integrilin®) IV bolus 180 mcg/kg =_____ mg of 2 mg/mL concentration given at _____ h. (maximum total IV bolus dose 22.6 mg)

☐ Eptifibatide (Integrilin®) IV infusion 2 mcg/kg/min to be infuse at _____ mL/h of 0.75 mg/mL concentration x _____ hours up to a maximum of 20 mL/hour.

Infusion started at _____ h Date D D M M M Y Y Y Y

D/C infusion at _____ h Date D D M M M Y Y Y Y

☐ Give second IV bolus eptifibatide (Integrilin®) 180 mcg/kg= _____ mg of 2 mg/mL concentration 10 minutes after initial bolus is started. Given at _____ h hours (maximum total IV bolus dosage of 22.6 mg)

For patients with eGFR between 30-50 mL/min:

☐ Eptifibatide (Integrilin®) IV infusion 1 mcg/kg/min. Infuse at _____ mL/hour of 0.75 mg/mL concentration x _____ hrs up to a maximum of 10 mL/hr.

Infusion started at _____ h Date D D M M M Y Y Y Y

D/C infusion at _____h Date D D M M M Y Y Y Y

Discharge Planning:

Discharge from hospital order. Change condition to "If a day patient and if criteria are met".

■ If stent inserted, issue stent card and stent letter/ pamphlet.
■ Ensure discharge patient information sheet reviewed with patient prior to discharge.
■ Ensure patient has prescription for ASA or other anti-platelet agents eg. clopidogrel, ticagrelor.
■ **Notify Interventional Cardiologist** if considering discontinuation of **GP IIb/IIIa** (eptifibatide [Integrilin®] or abciximab [Reopro®]), **ASA**, **clopidogrel** or ticagrelor due to bleeding.

☐ Same Day Discharge Patients
- ☐ Ensure patient has prescriptions for ASA/clopidogrel or alternate agents
- ☐ Notify Interventional Cardiologist about access site and cardiac issues to ensure patient stablity prior to same day discharge.

Referrals
Refer to Cardiac Rehabilitation order. Routine, Indication "Post-PCI", Special Instructions "To be done immediately post procedure in recovery area".

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