



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

PRE-CORONARY ANGIOGRAM/ANGIOPLASTY/STENT PROCEDURE

Form header with fields for Drug Allergies, Medication Orders, and General Orders. Includes checkboxes for 'ORDER TRANSCRIBED AND ACTIVATED' and 'TEST DONE'.

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 and Time input fields with month, day, and year markers.

Procedure Scheduled for: DATE AND TIME

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 90% 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 1 hour 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/hr) Start IV 1 to 2 hours pre-procedure.

Medications:

- Give usual medications unless otherwise ordered. May use patient's own meds. NOTE: If patient is stable hold diuretics in a.m. pre-procedure.
If patient is using sublingual nitroglycerin, send sublingual nitroglycerin with patient to Cath Lab.
Ensure ASA mg (usual dose 80 mg, 81 mg or 325 mg) orally x 1 given pre-procedure if no allergy. If allergy or contraindication to acetylsalicylic acid is present, contact the Interventional Cardiologist for direction.

- ACP Status: Medical Care Resuscitation
Record height and recent weight on chart.
Current history and physical documented on chart.
Send previous CABG, PTCA/Stent and angiogram report(s) to Cath Lab.
NOTE: Procedure may be cancelled if reports not available.
Copy of Diagnostic Tests (e.g. Stress Test, MIBI, Echo, MRI, CT, Angiogram) to Cath Lab.
If a previous severe reaction to x-ray dye, (e.g. airway compromise, hypotension, or severe hives) See allergy protocol on reverse for suggested management.
Clear fluids 4 hours prior to procedure.
Activity as tolerated.
ECG:
Inpatients: within 1 week pre-procedure, or after any change in cardiac status.
Outpatients: within 6 months
CBC, INR, Na, K, Cl, glucose, urea, creatinine, estimated Glomerular Filtration Rate
Inpatients: within 48 to 72 hours
Outpatients: within 6 months
NOTE: If abnormal lab results, recheck within 24 hrs pre-procedure.
If patient currently taking diuretics and potassium level is greater than 5mmol/L or less than 3.5mmol/L, recheck potassium level within 24 hrs pre-procedure. Contact Access Office
If diabetic, check glucose by glucometer in the a.m. pre-procedure.
If blood sugar is less than 5mmol/L or greater than 18 mmol/L, notify referring physician
Ensure patient voids prior to transfer to Cath Lab.

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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
Ranitidine 150 mg orally
Diphenhydramine 25 mg orally

} to be given at 1800h with food evening before and in a.m. pre-procedure

HIGH THROMBOEMBOLIC RISK (BRIDGING ANTICOAGULATION SUGGESTED):

- Any mechanical prosthetic mitral valve
- Older generation (cage-ball, tilting disc) mechanical aortic valve
- Chronic atrial fibrillation (valvular or non-valvular) with a CHADS2 score* of 5-6
- Recent (within 3 months) arterial thromboembolism (stroke, systemic embolism, transient ischemic attack [TIA])
- Recent (within 3 months) venous thromboembolism (deep vein thrombosis, pulmonary embolism)†
- Prior arterial or venous thromboembolism during appropriate interruption of warfarin
- Severe thrombophilia with history of venous thromboembolism (e.g. deficiency of protein C, protein S or antithrombin, antiphospholipid syndrome)
- Rheumatic valvular heart disease

INTERMEDIATE THROMBOEMBOLIC RISK (BRIDGING ANTICOAGULATION OPTIONAL AND BASED ON INDIVIDUAL PATIENT CHARACTERISTICS):

- Chronic atrial fibrillation with a CHADS2 score of 3-4
- Newer generation (bileaflet) mechanical aortic valve
- Prior arterial or venous thromboembolism within last 3-12 months

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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PRE-CORONARY ANGIOGRAM/ANGIOPLASTY/STENT PROCEDURE

Drug Allergies	ORDER TRANSCRIBED AND ACTIVATED	DATE _____	TIME _____
		Patient's Height _____	Patient's Weight _____

R_x	MEDICATION ORDERS TO BE INITIATED OR DISCONTINUED		TEST DONE	GENERAL ORDERS
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<ul style="list-style-type: none"> ■ Planned PCI/Stents: <ul style="list-style-type: none"> <input type="checkbox"/> Continue usual dosing of clopidogrel or ticagrelor if already prescribed (no loading dose needed). If not on clopidogrel or ticagrelor: <ul style="list-style-type: none"> <input type="checkbox"/> load with 180 mg ticagrelor (preferred) <input type="checkbox"/> load with 600 mg clopidogrel (procedure to be done in less than 12 h) <input type="checkbox"/> load with 300 mg clopidogrel (procedure to be done more than 12 h) ■ If patient is already on a statin (atorvastatin, rosuvastatin, simvastatin, pravastatin, lovastatin, fluvastatin) continue previous drug at home dose. If patient currently does not take a statin: ensure no allergy or previous myositis/hepatitis to statin medications. ■ If Diabetic: <ul style="list-style-type: none"> <input type="checkbox"/> Hold oral antidiabetic medications in a.m. pre-procedure <input type="checkbox"/> If on insulin: At bed time prior to procedure, administer the following insulin: Insulin _____ Insulin _____ (Suggested schedule: 1/2 the usual dose of long acting insulin and full dose of short acting insulin In a.m. pre-procedure: After the IV is established and the glucometer check is done, administer Insulin _____ (Suggested schedule: give 1/2 the usual total dose long acting Insulin only <p>NOTE: If procedure delayed past 1000h check blood sugar q2hr. Notify Attending Physician (Referring) if blood sugar less than 5 or greater than 18 mmol/L</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Give requisition to patient to repeat plasma creatinine in 2 days if eGFR < 30 mL/minute/ 1.73 m² or in 7 days if eGFR 30-60 mL/minute/1.73m². Clearly identify referring physician and fax number on requisition.
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Drug Allergies 	ORDER TRANSCRIBED AND ACTIVATED	DATE _____ TIME _____ Patient's Height _____ Patient's Weight _____
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<input type="checkbox"/> If on warfarin, hold for 4 days pre-procedure. Bridge patient based on patient stratification for thromboembolic risk (see page 2) BRIDGING ANTICOAGULATION OPTIONS: Subcutaneous (SC) therapeutic-dose LMWH: <input type="checkbox"/> enoxaparin 1 mg/kg twice daily or 1.5 mg/kg once daily, <input type="checkbox"/> dalteparin 100 IU/kg twice daily or 200 IU/kg once daily, or <input type="checkbox"/> tinzaparin 175 IU/kg once daily. Intravenous (IV) unfractionated heparin (UFH) to achieve a therapeutic activated partial thromboplastin time (aPTT) defined according to local laboratory parameters is not commonly used	
<input type="checkbox"/> Notify Access Office if patient is on an oral anticoagulant other than warfarin <input type="checkbox"/> Apixaban If eGFR is greater >30 ml/min , give last dose 2 days before procedure. (ie skip 2 doses) <input type="checkbox"/> Dabigatran If eGFR is greater >50 ml/min , give last dose 2 days before procedure. (ie skip 2 doses) If eGFR is 30-49 ml/min, give last dose 3 days before procedure. (ie skip 4 doses) <input type="checkbox"/> Rivaroxaban If eGFR is greater >30 ml/min , give last dose 2 days before procedure. (ie skip 1 dose) <input type="checkbox"/> Edoxaban If eGFR is greater >30 ml/min , give last dose 2 days before procedure. (ie skip 1 dose)	

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