

Cardiovascular Services 789 Central Avenue Dover, NH 03820 Phone: 603–516–4265

Procedure Information

You are schedule for	Date:	with Dr		
Please arrive to the Cardiology depa	rtment at this Time:			
Preparing for your procedure				
• Nothing to eat eight hours prior to the	e procedure.			
• Clear liquids are ok until 2 hours before the procedure. (i.e. water, apple juice, tea)				
 Have transportation arranged to drive you to the hospital and back home. 				
 Depending on the procedure you may stay overnight. 				
 Glasses/contacts; hearing aids and dentures can be worn during the procedure. 				
 You may need to stay in bed for 4-6 hours following the procedure. 				
 If your procedure is a Pacemaker or ICD insertion, you will stay overnight and be on bed rest 				
 If you take blood thinners, discuss wi procedure 	th your physician when or if	you should stop taking them prior to your		
MEDICATIONS (the morning of the	e procedure)			
• DO NOT TAKE				
O your fluid (diuretic) medication				
O your blood sugar (diabetic) medic before coming to the hospital.)	ation whether oral or insulin.	. (Diabetics please check your blood sugar		
PLEASE TAKE all other medication	ns as prescribed unless you a	are told otherwise below:		
Arriving to the Hospital				
Please have the following information read	dy:			
 List of all your medications prescrip you take them. 	ption and non-prescription in	ncluding dosages and how many times a day		
2. List of all your allergies				
3. Current insurance card				
Check in:				
	ght into the Holding area who	of the hospital directly in front of Elevators 1 and 2. nere the Cath lab staff will prepare you for the procedure. rive.		

Wentworth–Douglass Hospital CARDIOVASCULAR SERVICES

PROCEDURE INFORMATION SHEET

If you have any questions please call the office at 603-516-4265

Diet: _	
	re—checked" orders will automatically be enacted unless a specific order is written to the contrary. Iditional orders must be "checked" to activate.
Cardia	c Procedures:
☐ Cath	n procedure
☐ Angi	io procedure
□ Elec	trophysiology procedure
2% Chl	lorhexidine Gluconate (CHG) Pre-op Protocol
	ate CHG Pre–Op Protocol night before and morning of surgery. May repeat q 6 hrs for surgical delay. G Protocol Contraindicated
□ Pati	ient Care Orders
✓ NPC orde	0 (meds with sips of water) 6 hours prior to procedure, clear liquids until 2 hours prior to procedure, continue PO medications as red.
	ate Pre–Cath Checklist: 1) Document BP from L/R arms, height/weight; 2)Assess and mark distal pulses; 3)Insert IV #20 gauge. id hand/wrist for IV access if possible.
Labora	·
□ PT II □ APT	
☐ Mag	Pro-BNP nesium
☐ CBC	G, Quantitative C With Platelet No Differential c Metabolic Panel
Diagno	ostics
	able Chest 1 View st PA And Lateral
	Pre-procedure, Non-cardiology

Wentworth–Douglass Hospital PHYSICIAN ORDERS

Cardiac Catheterization Pre-Cath Orders



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MEDICATIONS:

Contrast Allergy Protocol				
 □ Prednisone 50 mg PO X 1 dose 13 hr pre–procedure if allergy to contrast/iodine/shellfish □ Prednisone 50 mg PO X 1 dose 7 hr pre–procedure if allergy to contrast/iodine/shellfish 				
☐ Prednisone 50 mg PO X 1 dose 1 hr pre–procedure if allergy to contrast/iodine/shellfish				
☐ Solu–Medrol (Methylprednisolone) 125 mg IV X 1 dose 1 hour pre–procedure if allergy to contrast/iodine/shellfish				
☐ diphenhydrAMINE (Benadryl) 50 MG PO X1 DOSE 1 hr pre–procedure if allergy to contrast/iodine/shellfish				
☐ Famotidine (Pepcid) 20 mg IV x one dose 1 hour pre–procedure if allergy to contrast/iodine/shellfish				
☐ Famotidine (Pepcid) 20 mg PO x one dose 1 hour pre–procedure if allergy to contrast/iodine/shellfish				
☐ Hold Warfarin (Coumadin) minimum of 72 hours prior to procedure				
☐ Hold Metformin—containing medications for 48 hours starting day of procedure. Repeat creatinine level 48 hours post—procedure. Physician to re—evaluate whether metformin should be restarted.				
 □ Hold (Dabigatran) Pradaxa: if CrCl > 50ml/min hold for 2 days. If CrCl < 50ml/min, hold for 5 days. □ Hold Enoxaparin (Lovenox) for 8 hours pre-procedure 				
☐ Hold Subcutaneous Heparin (RX Note) for 8 hours pre—procedure				
 REMEMBER TO HOLD the following: Diuretics, ACE–I, ARBs, & NSAIDS evening prior to, day of procedure, & morning day after procedure. 				
☐ Clopidogrel bisulfate (PlaVIX)MG PO x1 DOSE NOW				
☐ Atorvastatin (Lipitor) 80 MG PO X1 DOSE pre–procedure				
☐ diphenhydrAMINE (Benadryl) 50 MG PO ON CALL ☐ Diazepam (Valium)mg PO ON CALL				
Platelet Inhibitors				
 □ Aspirin Enteric-Coated (Ecotrin) 81 MG PO DAILY □ Aspirin, Enteric-Coated (Ecotrin) 325 MG PO DAILY 				
☐ Eptifibatide Drip (INTEGRILIN–IV Premix) 2 mcg/kg/min IV (max dose 15 mg/hr). Calculate CrCl using ACTUAL body weight				
• Patients with renal impairment (CrCl less than 50 ml/min) should receive a reduced infusion of Eptifibatide:				
☐ Eptifibatide Drip (INTEGRILIN–IV Premix) 1 mcg/kg/min IV (max dose 7.5 mg/hr) for CrCl less than 50 ml/min. Calculate CrCl using ACTUAL body weight.				
☐ Prasugrel(Effient) 60 MG PO X1DOSE				
IV Fluids				
□ Sodium Chloride 0.9% 1000 mL @ 80 mL/hr, begin at 22:00 night before procedure				
□ Sodium Chloride 0.9% 300 mL @ 300 mL/hr for 1 hr, 1 hour pre–procedure				
☐ Sodium Chloride 0.9% 1000 mL @mL/hr begin at				
Physician Signature Date / Time				
Wentworth–Douglass Hospital				
PHYSICIAN ORDERS				
Cardiac Cath Pre-Cath order				
7031_05MR				

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	r his associates to diagn	ose and/or treat the condition:		
and to render appropriate post-catheterization care.				
	ace catheters into and no	by Dr		
I understand that if a blockage is found that can be tree Interventional Cardiologist perform the procedure as				
It has been explained to me that during the course of the catheterization unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) or different procedure(s) than those set forth in the above paragraph. I authorize the above named physician and his designees to perform such additional procedures as are necessary and desirable in their professional judgement. These procedures may include but are not limited to administration of drugs and placement of an intra–aortic balloon, and possibly the use of a stent system approved by the FDA under a Humanitarian Device Exemption.				
ANESTHESIOLOGIST OR SURGEON. I understarthat the transfusion of blood is associated with risks techniques. These risks include, but are not limited to	nd the potential need for hat cannot be completel to transmission of infecti	TS IF NECESSARY IN THE JUDGMENT OF THE a blood transfusion and available alternatives. I understand y avoided, even by the most careful modern blood banking ous disease, particularly hepatitis and acquired immune se reactions may produce fever, hives, or more serious		
If the administration of local anesthetics, sedatives and painkillers is deemed necessary in the judgment of the physician performing the procedure, I understand this will produce a general state of sedation during the procedure; and that the potential complications of these medications can include lowering of blood pressure, reduction in breathing and blood oxygen, airway obstruction, and heart rhythm disturbances.				
allergic reaction to dye, vascular injury, myocardial i	nfarction (heart attack), changes in respiration,	with the procedure. These include: bleeding, infection, change in rhythm (cardiac arrest), stroke and death. If I changes in blood pressure. I have also been made aware of		
I acknowledge that no guarantee has been made to m the procedure.	e concerning the results	of the catheterization. I accept the risks and consequences of		
I hereby authorize Wentworth–Douglass Hospital to and blood pressures recorded during my catheterizati		for teaching and/or quality assurance purposes films taken		
	gy National Data Regist	tivities including name, social security number, and date of y and the Northern New England Cardiovascular Disease closed for publication for scientific, educational, or		
I consent to release my films and medical records per	taining to this procedure	e, or previous to consulting physicians.		
		wledge that I have received no guarantees about the benefits have been given the opportunity to ask questions and my		
Signature of Patient	Date / Time			
Physician's Signature				
If patient is unable to sign or is a minor, complete the	e following. Patient is u	nable to sign because:		
Signature of Closest Relative or Legal Guardian	Date / Time	Relationship to Patient		
Witness (as appropriate)	Date / Time	Physician's Signature		
Wentworth–Douglass Hospital				
CONSENT FOR INVASIVE CARDIOVA PROCEDURES CI0150 7031–71MR Rev. 04/04/17	ASCULAR Page 1 of 1			