

Procedure Information

You are schedule for _____ **Date:** _____ **with Dr.** _____

Please arrive to the Cardiology department at this Time: _____

Preparing for your procedure

- Nothing to eat eight hours prior to the 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 with your physician when or if you should stop taking them prior to your procedure

MEDICATIONS (the morning of the procedure)

- **DO NOT TAKE**
 - your fluid (diuretic) medication
 - your blood sugar (diabetic) medication whether oral or insulin. (Diabetics please check your blood sugar before coming to the hospital.)
- **PLEASE TAKE** all other medications as prescribed unless you are told otherwise below:

Arriving to the Hospital

Please have the following information ready:

1. List of all your medications prescription and non-prescription including dosages and how many times a day you take them.
2. List of all your allergies
3. Current insurance card

Check in:

The Cardiovascular Department front desk is located on the **3rd** floor of the hospital directly in front of Elevators 1 and 2. Once you are checked in, you will be brought into the Holding area where the Cath lab staff will prepare you for the procedure. The Doctor will start your procedure 30 minutes to 1 hour after you arrive.

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

Diet: _____

All "pre-checked" orders will automatically be enacted unless a specific order is written to the contrary. Any additional orders must be "checked" to activate.

Cardiac Procedures:

- ☐ Cath procedure
- ☐ Angio procedure
- ☐ Electrophysiology procedure

2% Chlorhexidine Gluconate (CHG) Pre-op Protocol

- ☐ Initiate CHG Pre-Op Protocol night before and morning of surgery. May repeat q 6 hrs for surgical delay.
- ☐ CHG Protocol Contraindicated

☐ **Patient Care Orders**

- ☒ NPO (meds with sips of water) 6 hours prior to procedure, clear liquids until 2 hours prior to procedure, continue PO medications as ordered.
- ☒ Initiate Pre-Cath Checklist: 1) Document BP from L/R arms, height/weight; 2) Assess and mark distal pulses; 3) Insert IV #20 gauge. Avoid hand/wrist for IV access if possible.

Laboratory

- ☐ PT INR (Anticoag. Therapy)
- ☐ PT INR (Anticoag. Therapy) Recurring, QAM Lab
- ☐ APTT
- ☐ NT Pro-BNP
- ☐ Magnesium
- ☐ HCG, Quantitative
- ☐ CBC With Platelet No Differential
- ☐ Basic Metabolic Panel

Diagnostics

- ☐ Portable Chest 1 View
- ☐ Chest PA And Lateral
- ☐ Ekg Pre-procedure, Non-cardiology



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



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