Southern Maine Medical Center
MaineHealth
One Medical Center Drive
P.O. Box 626
Biddeford, ME 04005-0626
(207) 283-7000

PRE-CARDIAC CATHETERIZATION PHYSICIAN ORDERS

Addressograph/Label

Date: _____
Admit To: ☐ 4TH ☐ SCU ☐ ACU ☐ TELE
Dx: _____ Allergies: _____
Please check appropriate boxes

Vital Signs (BP - P - R - T)
☐ On admission and 4 times a day
☐ Please record Patient's height and weight
☐ Travel with/without telemetry

Activity
☐ Up and ad lib

Physician to Nurse
☐ Clip both groins now & mark peripheral pulses
☐ Pre-catheter teaching
☐ Foley catheter at patient request. Discontinue when out of bed
☐ Patient to take own scheduled medications until seen by physician
☐ Finger stick on call to Cath Lab and attach results to chart
☐ Nurse enter order for stat EKG if patient complains of chest pain prior to cath and notify physician
☐ Stop IV Heparin or S.C. Lovenox @ _____

Diet
☐ NPO except for oral medications
Post cath diet will be:
☐ Regular
☐ Cardiac I
☐ Cardiac II
☐ ADA # calories:
☐ 1200 ☐ 1400 ☐ 1600 ☐ 1800

IV Fluids
☐ Peripheral line #1: Start 0.9% NaCl 1000 ml.
@ _____ ml/hr until Discharge. Use extension set.
Start on (date) ____ / ____ / ____
@ (24-hr time) _____

☐ Peripheral line #1: Start D5W 0.9% NaCl 1000 ml.
@ _____ ml/hr until Discharge. Use extension set.
Start on (date) ____ / ____ / ____
@ (24-hr time) _____

☐ Renal failure protocol. 3 amp Bicarb in 1000cc D5W
Infuse @ 3cc/kg/hr for one hour prior to procedure
Decrease to 1 cc/kg/hr for 6 hours post procedure
Start on _____ @ _____

Medications
☐ Aspirin EC 325 mg 1 PO daily @ 0600
☐ Maalox Plus 30 ml PO every 4-6 hours as needed
☐ Mucomist 1200 mg PO @ _____ & _____
☐ Nitroglycerin 0.4 mg 1 tablet SL as needed for chest pain
☐ Lorazepam 0.5 mg to 1 mg PO every 4 hours as needed
☐ Tylenol 325 mg 1 to 2 PO every 4-6 hours as needed for pain
☐ Scheduled meds: to be given if patient did not take AM meds

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

For patients with history of contrast allergy, give:
☐ Hydrocortisone 100 mg IV piggyback in 50 ml to be given @ _____
☐ Pepcid 20 mg IV piggyback @ _____
☐ Pepcid 20 mg PO to be given @ _____
☐ Benadryl 50 mg 1 PO to be given @ _____

On call to Cath Lab:
☐ Benadryl 50 mg 1 PO on call
☐ Valium 10 mg 1 PO on call
☐ Valium 5 mg 1 PO on call
☐ Versed 1 mg IV on call

STAT Labs
To be ordered if patient on Coumadin or diuretic as outpatient
☐ INR: Call if greater than or equal to 1.5
☐ Serum Potassium: Call if less than 3.5

Physician (Signature/Date/24-Hour Time)

Nurse (Signature/Date/24-Hour Time)

Copies to: (1) Chart, (2) Pharmacy, (3) Nurse