



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 ANGIOGRAM PROCEDURE

Form header with fields for Drug Allergies, Medication Orders, General Orders, Patient's Height, Patient's Weight, and checkboxes for Order Transcribed 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.

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/hr for one hour pre procedure then run IV of normal saline @ 1 mg/kg/hr for 6 hours.
2. If eGFR is greater than 60 mL/min. Establish IV normal saline at mL/hr (usual rate 100 mL/hr) x 3 hours post procedure.

Medications:

- Confirm resumption of pre-procedure medications with physicians of record. May resume pre-procedure medications. Outpatients may use own medications.
Acetaminophen 325 mg to 650 mg orally q4h prn for pain x 24 hours.
Acetaminophen with codeine 30 mg 1-2 tabs orally q4h prn for pain x 24 hours.
Lorazepam 0.5 - 1 mg orally q6h prn for anxiety x 24 hours.
Metoclopramide 5 - 10 mg IV q6h prn for nausea x 24 hours.
Dimenhydrinate 25 - 50 mg IV q4h prn for nausea x 24 hours.
Ondansetron 8 mg IV or po q8h prn for nausea

- Post Radial Puncture: Complete bedrest while trans radial compression band in place. Head of bed may be elevated for patient comfort. Activity as tolerated after removal of trans radial compression band and if puncture site stable.
Post Femoral Puncture without closure device: Complete bedrest x hrs post hemostasis with affected limb straight.
Post Femoral Puncture with closure device: Complete bedrest for one hour with affected limb straight or hours. Activity as tolerated post-bedrest if puncture site stable.
Bleeding Management: Apply direct pressure for 10 minutes until hemostasis achieved.
NOTE: Bedrest x 3 hours post femoral bleed.
Upon arrival to patient care unit, assess puncture site, vital signs, and colour, warmth, circulation, movement (cwcmm) of affected limb.
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 hrs post-procedure.
Outpatient. Mandatory blood requisition for serum creatinine 5 days post-procedure.
Straight catheterization prn for inability to void.
Discontinue IV when vital signs and puncture site are stable, patient has voided, diet and activity tolerated, unless otherwise ordered.

PHYSICIAN'S SIGNATURE

PRINTED NAME

GENERIC EQUIVALENT AUTHORIZED

## **GFR Calculator**

### **Using the MDRD eGFR Calculator at [www.mdrd.com](http://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

**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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### POST-CORONARY ANGIOGRAM PROCEDURE

Drug Allergies 	ORDER TRANSCRIBED AND ACTIVATED	TEST DONE	DATE _____ TIME _____ Patient's Height _____ Patient's Weight _____
MEDICATION ORDERS TO BE INITIATED OR DISCONTINUED	GENERAL ORDERS		

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**Automatically Activated**     
  **Activated by Checking Box**

Date: 

D	D	M	M	M	Y	Y	Y	Y	Y

 Time: 

24	HOUR	24	HOUR	24

- If diabetic:
  - NOTE: Hold metformin x 48 hours.**
  - Restart oral antidiabetic agent post-procedure if blood sugar within acceptable range (5 - 18 mmol/L).
  - If baseline creatinine normal pre-procedure, restart metformin at 48 hours.
  - If creatinine levels are elevated, the use of metformin should be reassessed by referring physician.
- If on warfarin or alternative (apixaban, dabigatran, rivaroxaban) pre-procedure, restart usual dose/schedule 4h after ambulation if no bleeding or hematoma unless instructed otherwise.
- Discontinue low molecular weight heparin (enoxaparin, dalteparin) and fondaparinux
- Discontinue unfractionated heparin IV

- Day patients may be discharged after 1 hour of ambulation if vital signs and puncture site are stable unless otherwise ordered.
- Ensure discharge patient information sheet reviewed with patient prior to discharge.

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PRINTED NAME \_\_\_\_\_

GENERIC EQUIVALENT AUTHORIZED