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# POST-CARDIAC CATHETERIZATION PHYSICIAN ORDERS

Addressograph/Label

Date: \_\_\_\_\_

Admit To:  4<sup>TH</sup>  SCU  ACU  TELE

Dx: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please check appropriate boxes

### Vital Signs

- Every 15 min x 4, then every 30 min x 4, then every 1 hour x 2 and then 4 times daily while awake
- Check pulses distal to cath site every 1 hour after successful completion of hold
- Strict intake & output x 24 hours

### Activity

- Bed rest for \_\_\_\_\_ hours
- Do not elevate head of bed greater than 30 degrees until \_\_\_\_\_ hours
- Keep  R  L leg/arm straight for \_\_\_\_\_ hours

### Physician to Nurse

- Resume all Pre-Catheterization orders and medications
- Check cath site with vital signs
- Foley catheter: Insert if unable to void, then discontinue when out of bed

### Diet

- Resume previous diet order
- Force fluids
- Keep NPO

### IV Fluids

- Peripheral line #1: Start 0.9% NaCl 1000 ml.  
@ \_\_\_\_\_ ml/hr x \_\_\_\_\_ hours, then convert to saline lock.
- Peripheral line #1: Start D5W 0.9% NaCl 1000 ml.  
@ \_\_\_\_\_ ml/hr x \_\_\_\_\_ hours, then convert to saline lock.

### Heparin Protocol

- Peripheral line #1: Start D5W 500 ml with Heparin 25,000 Units @ \_\_\_\_\_ units/hr. Continue until Discharge.  
Start on (date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
@ (24-hr time) \_\_\_\_\_
- Continue previous Heparin parameters
- Adjust Heparin according to cardiac protocol
- Discontinue Heparin or Lovenox
- Heparin bolus \_\_\_\_\_ units IV now
- Connect arterial sheath to automatic Heparin drip

### Medications

- Aspirin 325 mg 1 PO daily
- Plavix 600 mg 1 PO as soon as possible
- Plavix 75 mg 1 PO daily
- Tylenol #3 1 to 2 PO every 4 to 6 hours as needed
- Tylenol 325 mg 1 to 2 PO every 4 to 6 hours as needed for pain
- Labetalol \_\_\_\_\_ mg IV now VO \_\_\_\_\_  RB
- Metoprolol \_\_\_\_\_ mg IV now VO \_\_\_\_\_  RB
- Versed \_\_\_\_\_ mg IV now VO \_\_\_\_\_  RB
- Morphine \_\_\_\_\_ mg IV VO \_\_\_\_\_  RB
- Nitroglycerine tab 0.4 mg SL VO \_\_\_\_\_  RB
- Nitroglycerine drip \_\_\_\_\_ mcg/kg/min VO \_\_\_\_\_  RB
- Furosemide \_\_\_\_\_ mg IV now VO \_\_\_\_\_  RB
- Fentanyl \_\_\_\_\_ mcg IV now VO \_\_\_\_\_  RB

### Renal Failure Protocol

Physician (Signature/Date/24-Hour Time)

Nurse (Signature/Date/24-Hour Time)