

Name: \_\_\_\_\_

Room #: \_\_\_\_\_

**STAT**

**PRE-CARDIAC CATHETERIZATION/PTCA WITH STENT**

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Date: \_\_\_\_\_ Admit to Dr. \_\_\_\_\_ Allergies: \_\_\_\_\_

1. Initiate Patient Care Guideline.
2. Obtain consent(s) for:
  - Left Heart Catheterization
  - PTCA/Stent/Rotoblator/IVUS
  - Intra-aortic Balloon Pump
  - Coronary Artery Bypass Surgery
  - Blood Transfusion
  - Other: \_\_\_\_\_
3. Cardiac Step II diet. If diabetic, add 1800 calorie ADA diet or other: \_\_\_\_\_
4. NPO 6 hours prior to procedure except for medications with sips of water.
5. Notify Cardiologist if patient allergic to shellfish, iodine, or IVP dye or if patient receiving Metformin (Glucophage). Notify Cardiologist if lab work is abnormal.
6. Old charts to floor.
7. Use non-ionic Contrast during procedure:  Yes  No
8. Review home medications with physician, if not previously done.
9. Temazepam 15-30 mg PO at bedtime PRN sleep.
10. IV: Infuse 0.9% Sodium Chloride 1000 mL at 10 mL/hr or \_\_\_\_\_.  
Heparin may not be the main line.
11. Aspirin 325 mg PO day of procedure:  Yes  No
12. Clopidogrel (Plavix) 300 mg on day of procedure:  Yes  No
13. Preop on call
  - Diazepam \_\_\_\_\_
  - DiphenhydrAMINE (Benadryl) \_\_\_\_\_
  - Other: \_\_\_\_\_
14. Hold Enoxaparin (Lovenox) on day of procedure.
15. CBC without differential, PT, PTT, Urine HCG (female patients less than 50 unless conditions exist rendering pregnancy impossible), BMP, Magnesium level.
16. EKG within 7 days.
17. Chest x-ray within 6 months. Put copy of report on chart.
18. Void on call.
19. Height, weight and vitals on chart.

Physician Signature: \_\_\_\_\_

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