



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSPITAL NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Post Coronary Artery Intervention Order Set

☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient

☐ _____ ☐ Transfer to CCU to Dr. _____ Code Status: _____

- 12 lead EKG on arrival to CCU and in am. Stat EKG with chest pain.
- Telemetry x 24 hours, then DC if stable or otherwise ordered.
- ☐ IV fluids _____ @ _____ ml/hr x _____ hours or ☐ saline lock.
- ☐ Continue Sodium Bicarb as per protocol or ☐ @ _____ ml/hr x _____ hours or ☐ saline lock.
- Flat in bed until sheath removal.
- Remove sheath at _____ hours and apply pressure dressing to be removed in am.
- After sheath removal: Bed rest x 6 hours. Flat in bed x 4 hours. HOB elevated 30 degrees x 2 hours. Up in chair x 1 hour. After bed rest, may be up to BR with assistance.
- Record BP, HR, pulse distal to cath site, and observe cath site, q 15 minutes x 4, q 30 minutes x 4, q 1 hour x 4, then q 4 hours until discharge.
- **Labs:** Troponin and Creatinine in am
- **Notify** ☐ Dr. Papapietro ☐ Dr. _____
if:
 - a. Bleeding or swelling noted at site.
 - b. No distal pulse is present.
 - c. BP is less than 100 systolic or greater than 100 diastolic
 - d. Chest pain, SOB, pain at cath site, or numbness in extremity develops.
- Review Discharge Instructions Sheet with patient.
- If vascular closure device used, review guide with patient.
- Resume pre-procedure diet when tolerating liquids.
- Straight cath PRN if unable to void.
- Consult Cardiac Rehab. Start in 2 weeks
- **Hold Metformin compounds x 48 hours post procedure, then resume.**
- Dilaudid 1 mg IV q one hour PRN back pain.

MD Signature: _____ **Date & Time:** _____

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Post PCI Discharge Order Set

- ☐ ASA 81 mg Po daily
- ☐ ASA 325 mg Po daily
- ☐ Clopidogrel (Plavix) 75 mg Po daily
- ☐ Prasugrel (Effient) 10 mg Po daily
- ☐ Ticagrelor (Brilinta) 90 mg Po bid
- ☐ Metoprolol 25 mg Po bid
- ☐ Metoprolol 50 mg Po bid
- ☐ Statin drug as ordered _____
- ☐ Cardiac Rehab

MD Signature: _____ **Date & Time:** _____

☒ Required ☐ Optional

Cullman Regional Medical Center Please use Ball Point Pen ONLY

Created: 03/16/2016 **DO NOT USE: U IU QD QOD MS MSO4 MgSO4**