

Doctor's Order Sheet

Cardiac Catheterization/ Laboratory Intra-Procedure

Addressograph

PLEASE USE BLACK OR BLUE BALLPOINT PEN, PRESS FIRMLY

ALLERGIES:

NO KNOWN ALLERGIES
 KNOWN ALLERGIES (Specify)

PHYSICIAN'S ORDER AND SIGNATURE

SIGNATURE(S) AND POSITION	ACTION TAKEN	PHARMACY

(Check appropriate box(es) and complete orders as required)

1. TREATMENT:

a) Planned Access Site:

- Right Femoral Right Radial
- Left Femoral Left Radial
- Other: _____

b) SHEATH AND CATHETERS

Sheath Size: _____
 Catheter Size: _____

- c) Administer oxygen via nasal prongs or mask to maintain oxygen saturation greater than or equal to 92%

2. IV THERAPY:

Start IV if IV has not been inserted pre-procedure left arm right arm

- Other _____ (specify IV solution) to infuse at _____ mL/h
- Saline Lock

Renal Protection: Infuse Normal Saline (3 mL/kg/h) _____ mL/h for 1 hour pre procedure

Left Ventricular End Diastolic Pressure (LVEDP) _____ mmHg

- LVEDP less than 13 mmHg: Infuse Normal Saline (5 mL/kg/h) _____ mL/h in lab and post procedure for a total of 4 hours
- LVEDP 13-18 mmHg Normal Saline (3 mL/kg/h) _____ mL/h in lab and post procedure for a total of 4 hours
- LVEDP greater than 18 mmHg Normal Saline (1.5 mL/kg/h) _____ mL/h in lab and post procedure for a total of 4 hours

3. MEDICATIONS:

a) Sedation

- Fentanyl _____ mcg IV push for one dose to be given in procedure room, pre-procedure
- Midazolam _____ mg IV push for one dose to be given in procedure room, pre-procedure
- Other: _____ to be given in procedure room, pre-procedure

Physician's Signature: _____ Date: ___/___/___ Time: _____

