

Doctor's Order Sheet

Cardiology

Post-Cardiac Catheterization / Percutaneous Coronary Intervention (PCI)

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. MONITORING:

- a) Point of care testing, BG bid and PRN or qid and PRN. Notify MD if blood glucose is less than 4 mmol/L or greater than 15 mmol/L
- b) Observe _____ groin/arm for bleeding, check Vital Signs (pulse, respiration, blood pressure, O₂ saturation) and palpate pedal/radial pulses in both feet/arms:
 q 15 minutes x 1 hour then
 q 30 minutes x 2 hours then
 q 1 h x 4 hours then routine vitals

For Percutaneous Coronary Interventions Only:

- a) Telemetry: x 8 hours or x _____ hours

2. CANNULATION SITE MANAGEMENT:

- i) **Femoral artery approach** Left Right.
 Femoral Closure Device
 Sheath removal as per Policy # 28.30.001 at _____ hours
 Post sheath removal care and monitoring as per Policy # 28.30.001
 Bedrest: x 4 hours or x _____ hours post sheath removal
 OR
- ii) **Radial artery approach** Left Right.
 Immobilize arm in sling x _____ hours
 Clamp care and monitoring as per Policy # 27.80.001
 Bedrest x _____ hours.
 OR
- iii) Other approach: _____ Left Right Bedrest x _____ hours.

3. DIET: (Ordered in EPR)

- Healthy Heart no added salt.
- Diabetic Diet: _____ kcal.
- Other: _____

4. LABORATORY TESTS: (Ordered in EPR) - For Percutaneous Coronary Interventions

- CK, CBC stat 4 hours post PCI.
- CK 8 hours post PCI and in a.m. day after procedure and pre discharge.
- CBC 2 hours and 8 hours post PCI and in a.m. day after procedure and pre discharge.
- Creatinine at 48 hours post procedure (MD to send bloodwork form if creatinine is needed)
- Other: _____

5. IV THERAPY: (Ordered in EPR)

- Saline Lock
- Normal Saline as per left ventricular end diastolic pressure (LVEDP) infused at specify rate) _____ mL/h for _____ hours.
- Discontinue IV and leave Saline Lock _____ hours after procedure.

6. DIAGNOSTIC TESTS: (Ordered in EPR) For Percutaneous Coronary Interventions Only:

- 12 Lead ECG now and in AM tomorrow
- 12 Lead ECG as needed for chest pain

7. MEDICATIONS: (Ordered in EPR)

i) Analgesia:

Note: Total daily dose of Acetaminophen must **not** exceed 4 grams.

- Oxycodone 5 mg / Acetaminophen 325 mg (Percocet®) 1 to 2 tablets PO q4h x 48 h PRN
- Acetaminophen _____ mg PO q4h PRN (usual dose 325 to 650 mg)
- Other: _____

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ii) HS Sedation:

- Zopiclone 3.75 mg PO at bedtime as needed
- Lorazepam (Ativan®) 0.5 to 1 mg PO at bedtime PRN
- Oxazepam (Serax®) 15 to 30 mg PO at bedtime PRN
- Other: _____

iii) Antiemetics:

- Dimenhydrinate (Gravol®) _____ mg IV int /PO q4h PRN for nausea (usual dose 25 to 50 mg).
- Prochlorperazine (Stemetil) 10 mg PO q6h PRN for nausea.

iv) Anticoagulants:

- Warfarin _____ mg PO daily starting on Date: _____
- Dabigatran _____ mg PO _____ frequency. Restart on (date) _____ at (time) _____
- Rivaroxaban _____ mg PO _____ frequency. Restart on (date) _____ at (time) _____
- Apixaban _____ mg PO _____ frequency. Restart on (date) _____ at (time) _____

v) Hypoglycemics :

- Glyburide _____ mg PO _____ (frequency). Resume with meals.
- Metformin _____ mg PO _____ (frequency). For Normal Renal Function (eGFR greater than 60 mL/min/ 1.73 m²), restart 48 hours post-procedure.
- Metformin _____ mg PO _____ (frequency). For Impaired Renal Function (eGFR less than 60 mL/min/ 1.73 m²). MD to assess restarting 48 hours post-procedure.
- Other: _____

For Percutaneous Coronary Interventions Only:

Administer glycoprotein IIb/IIIa inhibitor as follows (check one):

- Eptifibatide (Integrilin®)** (dosing chart on reverse page)
 Serum creatinine _____ mmol/L
 Calculated Creatinine Clearance (CrCl) _____ mL/minute.
- For patients with CrCl greater than or equal to 50 mL/minute:**
 - continue maintenance infusion rate of 2 mcg/kg/min (= _____ mg/h, = _____ mL/h)
- For patients with CrCl less than 50 mL/minute:**
 - continue maintenance infusion rate of 1mcg/kg/min (= _____ mg/h, = _____ mL/h)
 Discontinue IV infusion on (date) _____ / _____ / _____ at _____ hours (usual duration 12 to 24 hours).

vi) Antiplatelets: (Note: Consider whether the patient has been previously loaded)

- | | |
|---|---|
| <u>Loading Dose</u> | <u>Maintenance Dose</u> |
| <input type="checkbox"/> Clopidogrel 300 mg PO once | <input type="checkbox"/> Clopidogrel 75 mg PO daily for _____ weeks or for _____ months |
| <input type="checkbox"/> Clopidogrel 600 mg PO once | <input type="checkbox"/> Prasugrel 10 mg PO daily for _____ weeks or for _____ months |
| <input type="checkbox"/> Prasugrel 60 mg PO once | <input type="checkbox"/> Ticagrelor 90 mg PO bid for _____ weeks or for _____ months |
| <input type="checkbox"/> Ticagrelor 180 mg PO once | |

vii) Nitrates:

- Discontinue Nitroglycerin patch.
- Other: _____

8. DISCHARGE ORDERS:

- Refer to Cardiac Rehab: Yes No Able to have Stress Test: Yes No
- Provide patient with written post procedure specific discharge instruction sheet and prescription(s).
- Discharge home today as per protocol or at: _____
- Discharge in a.m. at 0630 hrs
- Discharge in a.m. following physician re-assessment. Reason: _____
- Other: _____

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



Calculation of estimated Creatinine Clearance (in mL per minute)

Male: $(140 - \text{age}) \times \text{Ideal Body Weight (in kg)} \times 1.2 / \text{Serum Creatinine in micromol per L}$

Female: $(140 - \text{age}) \times \text{Ideal Body Weight (in kg)} \times 1.2 \times 0.85 / \text{Serum Creatinine (in micromol per L)}$

EPTIFIBATIDE (Integrilin®) Dosing Chart

** vials in refrigerator

** Use 20mg/10mL vial (concentration=2mg/mL) for bolus dose

** Use 75 mg/100mL premixed bottles (concentration=0.75mg/mL)
for maintenance infusion

Patient Weight (kg)	Bolus Volume (from 2 mg/mL vial)	Infusion Rate (from 0.75 mg/mL 100 mL vial)	
		2 mcg/kg/min *CrCl greater than or equal to 50 mL/min	1mcg/kg/min *CrCl less than 50 mL/
37-41	3.4mL	6 mL/h	3 mL/h
42-46	4 mL	7 mL/h	3.5 mL/h
47-53	4.5 mL	8 mL/h	4 mL/h
54-59	5 mL	9 mL/h	4.5 mL/h
60-65	5.6 mL	10 mL/h	5 mL/h
66-71	6.2 mL	11 mL/h	5.5 mL/h
72-78	6.8 mL	12 mL/h	6 mL/h
79-84	7.3 mL	13 mL/h	6.5 mL/h
85-90	7.9 mL	14 mL/h	7 mL/h
91-96	8.5 mL	15 mL/h	7.5 mL/h
97-103	9 mL	16 mL/h	8 mL/h
104-109	9.5 mL	17 mL/h	8.5 mL/h
110-115	10.2 mL	18 mL/h	9 mL/h
116-121	10.7 mL	19 mL/h	9.5 mL/h
> 121	11.3 mL	20 mL/h	10 mL/h

*CrCl = Creatinine clearance