

Patient Name \_\_\_\_\_ MRN \_\_\_\_\_

**Case Requests**

**Cardiac Catheterization Case Requests (Single Response)**

<input type="checkbox"/> Case request Cath Lab	Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> Case request EP Lab	Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> Other	

**Nursing**

**Informed Consent**

<input type="checkbox"/> Complete Consent For Disclosure and consent for anesthesia, sedation and pain management.	Routine, Once Consent For: Disclosure and consent for anesthesia, sedation and pain management. Place on chart., Pre-op
<input type="checkbox"/> Complete Consent For Selective coronary arteriogram	Routine, Once Consent For: Selective coronary arteriogram Place on chart., Pre-op
<input type="checkbox"/> Complete Consent For Left heart catheterization	Routine, Once Consent For: Left heart catheterization Place on chart., Pre-op
<input type="checkbox"/> Complete Consent For Percutaneous coronary intervention	Routine, Once Consent For: Percutaneous coronary intervention Place on chart., Pre-op
<input type="checkbox"/> Complete Consent For Right and left heart catheterization, Selective coronary angiogram, Left ventriculogram	Routine, Once Consent For: Right and left heart catheterization, Selective coronary angiogram, Left ventriculogram Place on chart., Pre-op
<input type="checkbox"/> Complete Consent For Abdominal angiogram	Routine, Once Consent For: Abdominal angiogram Place on chart., Pre-op
<input type="checkbox"/> Complete Consent For Abdominal angiogram and bilateral femoral angiogram	Routine, Once Consent For: Abdominal angiogram and bilateral femoral angiogram Place on chart., Pre-op
<input type="checkbox"/> Complete consent for right heart catheterization	Routine, Once Procedure: Right heart catheterization Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for intra-aortic balloon pump	Routine, Once Procedure: Intra-Aortic balloon pump Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for ventricular assist device	Routine, Once Procedure: Ventricular assist device Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for carotid angiogram	Routine, Once Procedure: Carotid angiogram Diagnosis/Condition: Physician: Pre-op

<input type="checkbox"/> Complete consent for subclavian angiogram	Routine, Once Procedure: Subclavian angiogram Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for coronary atherectomy	Routine, Once Procedure: Coronary Atherectomy Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for pulmonary angiogram	Routine, Once Procedure: Pulmonary angiogram Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete Consent For	Routine, Once Consent For: Place on chart., Pre-op
<input type="checkbox"/> Other	

### Intervention Consent

<input type="checkbox"/> Complete consent for peripheral vascular intervention	Routine, Once Procedure: Peripheral vascular intervention Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for percutaneous pulmonary artery intervention	Routine, Once Procedure: Percutaneous pulmonary artery intervention Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for carotid intervention	Routine, Once Procedure: Carotid intervention Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for interatrial septal puncture	Routine, Once Procedure: Interatrial septal puncture Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for balloon aortic valvuloplasty	Routine, Once Procedure: Balloon aortic valvuloplasty Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for balloon mitral valvuloplasty	Routine, Once Procedure: Balloon mitral valvuloplasty Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for atrial septal defect closure	Routine, Once Procedure: Atrial septal defect closure Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for pulmonic valve replacement	Routine, Once Procedure: Pulmonic valve replacement Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Other	

## Diet (Single Response)

<input type="checkbox"/> NPO - except meds	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except meds Pre-Operative fasting options: No solids or non clear liquids up to six hours prior to procedure. No clear liquids., Pre-op
<input type="checkbox"/> NPO	Diet effective ____ NPO: Pre-Operative fasting options: After breakfast. No solids or non clear liquids up to six hours prior to procedure. No clear liquids., Pre-op
<input type="checkbox"/> Diet - Solids and non-clear liquids up to six hours prior to procedure, clear liquids up to four hours prior	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Diet - Solids and non-clear liquids up to six hours prior to procedure, clear liquids up to four hours prior to procedure, Pre-op
<input type="checkbox"/> Diet - Clear liquids up to two hours prior to the procedure	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Clear liquids up to two hours prior to the procedure, Pre-op
<input type="checkbox"/> Diet - Solids and non-clear liquids up to six hours prior to procedure, clear liquids up to two hours prior	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Solids or non clear liquids up to six hours prior to procedure. No clear liquids up to two hours prior to procedure., Pre-op
<input type="checkbox"/> Other	

## IV Fluids

### IV Fluids

<input type="checkbox"/> sodium chloride 0.45 % infusion @ 100 mL/hr	100 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.9 % infusion @ 100 mL/hr	100 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.9 % infusion @ 30 mL/hr	30 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5%-0.45% sodium chloride infusion @ 100 mL/hr	100 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5%-0.9% sodium chloride infusion @ 100 mL/hr	100 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> Other	

## Medications

### Medications

<input type="checkbox"/> acetylcysteine 20% oral solution	1,200 mg, oral, 2 times daily at 0600, 1800 (time critical), Pre-op
<input type="checkbox"/> clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Pre-op
<input type="checkbox"/> ticagrelor (BRILINTA) tablet	180 mg, oral, once, For 1 Doses, Pre-op
<input type="checkbox"/> ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Pre-op
<input type="checkbox"/> prasugrel (EFFIENT) tablet	60 mg, oral, once, For 1 Doses, Pre-op
<input type="checkbox"/> prasugrel (EFFIENT) tablet	10 mg, oral, daily, Pre-op
<input type="checkbox"/> aspirin tablet	325 mg, oral, once, For 1 Doses, Pre-op
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Pre-op

<input type="checkbox"/>	ticagrelor (BRILANTA) Oral Loading and Maintenance Doses	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/>	ticagrelor (BRILINTA) tablet	180 mg, oral, once, For 1 Doses, Pre-op
<input type="checkbox"/>	ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Starting H+12 Hours, Pre-op
<input type="checkbox"/>	prasugrel (EFFIENT) Loading and Maintenance Doses	<b>"Followed by" Linked Panel</b>
Maintenance Dose Instructions: Lower the dose to 5 mg for high risk patients (age GREATER than or EQUAL to 75 OR weight LESS than 60 kg)		
<input type="checkbox"/>	prasugrel (EFFIENT) tablet	60 mg, oral, once, For 1 Doses, Pre-op
<input type="checkbox"/>	prasugrel (EFFIENT) tablet	10 mg, oral, daily, Starting H+24 Hours, Pre-op
<input type="checkbox"/>	Aspirin 325 mg Once Followed By 81 mg Daily	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/>	aspirin tablet	325 mg, oral, once, For 1 Doses, Pre-op
<input type="checkbox"/>	aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting H+24 Hours, Pre-op
<input type="checkbox"/>	Other	

#### Antihyperlipidemic Agents (Single Response)

<input type="checkbox"/>	atorvastatin (LIPITOR) tablet	80 mg, oral, nightly, Pre-op
<input type="checkbox"/>	atorvastatin (LIPITOR) tablet	40 mg, oral, nightly, Pre-op
<input type="checkbox"/>	Other	

#### Medications IV

<input type="checkbox"/>	diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once, For 1 Doses, Pre-op On call to catheterization laboratory.
<input type="checkbox"/>	famotidine (PEPCID) injection	20 mg, intravenous, once, For 1 Doses, Pre-op On call to catheterization laboratory.
<input type="checkbox"/>	methylPREDNISolone sodium succinate (Solu-MEDROL) injection	100 mg, intravenous, Pre-op On call to catheterization laboratory.
<input type="checkbox"/>	Other	

### Labs

#### Labs

<input type="checkbox"/>	Basic metabolic panel	Once, Pre-op
<input type="checkbox"/>	CBC with platelet and differential	Once, Pre-op
<input type="checkbox"/>	Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/>	Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/>	hCG, serum, qualitative	Once, Pre-op
<input type="checkbox"/>	Other	

### Cardiology

#### ECG

<input type="checkbox"/>	ECG 12 lead	Routine, Once Clinical Indications: Pre-Op Clearance Interpreting Physician: Pre-op
<input type="checkbox"/>	Other	

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_