

Cardiac Catheterization PCI Intervention [1021]

Medications in this order set are inpatient medications.

General

Elective Outpatient, Observation, or Admission (Single Response)

() Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, Scheduling/ADT
() Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT
() Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments: Scheduling/ADT
() Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Scheduling/ADT

Elective Outpatient, Observation, or Admission (Single Response)

() Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
() Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
() Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments: PACU & Post-op
() Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op

Isolation

[] Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, Post-op
[] Contact isolation status	Details
[] Droplet isolation status	Details
[] Enteric isolation status	Details

Precautions

<input type="checkbox"/> Aspiration precautions	Post-op
<input type="checkbox"/> Fall precautions	Increased observation level needed: Post-op
<input type="checkbox"/> Latex precautions	Post-op
<input type="checkbox"/> Seizure precautions	Increased observation level needed: Post-op

Nursing

Nursing

<input type="checkbox"/> Vital signs - T/P/R/BP - Per Unit Protocol	Routine, Per unit protocol, Post-op
<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min Every 15 mins x 4, then every 30 mins x 4, then every hour x 4, then every 4 hours., Post-op
<input type="checkbox"/> Vital signs - T/P/R/BP - If Closure Device	Routine, Every 15 min If Closure Device Used - Every 15 mins x 2, then every 30 mins until discharge., Post-op
<input checked="" type="checkbox"/> Peripheral vascular assessment	Routine, Once Observe for bleeding and hematoma and check radial and pedal pulses of extremity used for access per post catheterization routine., Post-op
<input type="checkbox"/> Telemetry	"And" Linked Panel
<input type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op
<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94 Post-op
<input type="checkbox"/> Maintain IV access	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/> Discontinue IV	Routine, Once, Post-op

Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S Keep affected limb straight for *** hours., Post-op
<input type="checkbox"/> Ambulate	Routine, 3 times daily Specify: with assistance Ambulate patient after *** hours., Post-op
<input type="checkbox"/> Activity as tolerated - if closure device	Routine, Until discontinued, Starting S Specify: Activity as tolerated If Closure Device Used - post sheath removal- begin progressive activity to ambulation, Post-op
<input type="checkbox"/> Activity as tolerated - radial approach	Routine, Until discontinued, Starting S Specify: Radial approach: activity as tolerated after *** hours., Post-op

Sheath Removal

[] Assess operative site	Routine, Once Every 15 minutes x 4, every 30 minutes times 4, then every hour times 2, then every 4 hours, Post-op
[] POC activated clotting time	Every hour Evaluate every hour until sheath removed., Post-op
[] Remove sheath	Routine, Once Remove sheath(s) when ACT is less than 170., Post-op

Sheath Removal - TR Band

[] Place/Maintain sequential compression device continuous - TR Radial Band	Routine, Continuous TR Radial Band post Instructions 1. 30 minutes after TR Band is applied deflate ***cc of air from cuff. If no bleeding occurs from the site deflate ***cc of air from the TR Band every 10 minutes until all ***cc of air has been removed. 2. 2 Hours after TR Band is applied deflate ***cc of air from cuff. If no bleeding occurs from the site deflate ***cc of air from the TR Band every 10 minutes until all ***cc of air has been removed. 3. If site is free of bleeding or hematoma after 10 minutes remove TR Band and apply sterile dressing to site. 4. If bleeding occurs when ***cc of air is removed re-inflate with 3cc of air. Wait 30 minutes then restart releasing ***cc of air every 10 minutes until all ***cc of air has been removed., Post-op
[] Assess cath site	Routine, Once After TR Band removed evaluate access site for bleeding as follows: every 15 minutes x 4; every 30 minutes x 2 and every hour x 2., Post-op
[] Activity - Limit arm movement	Routine, Until discontinued, Starting S Specify: Activity as tolerated Limit arm movement., Post-op

Sheath Removal - RadiStop

[] Place/Maintain sequential compression device continuous	Routine, Continuous RadiStop Compression Assist Device starting at ***, Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous Release radial band every 15 minutes x 4. Radial band to be removed by *** (time). If bleeding occurs; reapply radial band until bleeding stops, releasing band every 15 minutes x 4. Apply sterile dressing., Post-op

Notify

[X] Notify Physician if pulses absent or diminished.	Routine, Until discontinued, Starting S, Pulses absent or diminished., Post-op
[X] Notify Physician if chest pain unrelieved with nitroglycerin.	Routine, Until discontinued, Starting S, Chest pain unrelieved with nitroglycerin., Post-op
[X] Notify Physician if platelets less than 100,000	Routine, Until discontinued, Starting S, Platelets less than 100,000., Post-op
[X] Notify Physician prior to discharge.	Routine, Until discontinued, Starting S, Prior to discharge., Post-op

Pre-sheath(s) Removal Diet

Diet -

Diet effective now, Starting S
Diet(s): Clear Liquids
Advance Diet as Tolerated? Yes
Target Diet:
Advance target diet criteria:
Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Until sheath(s) removed., Post-op

Diet - Post-sheath(s) Removal (Single Response)

Diet - Clear Liquids

Diet effective now, Starting S
Diet(s): Clear Liquids
Advance Diet as Tolerated? Yes
Target Diet: Heart Healthy
Advance target diet criteria:
Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Post-op

Diet - Heart Healthy

Diet effective now, Starting S
Diet(s): Heart Healthy
Advance Diet as Tolerated?
Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Post-op

Diet - 1800 Kcal/202 gm Carbohydrate

Diet effective now, Starting S
Diet(s): Other Diabetic/Cal
Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate
Advance Diet as Tolerated?
Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Post-op

Diet - Post Sheath(s) Removal HMSJ

Diet - Regular

Diet effective now, Starting S
Diet(s): Regular
Advance Diet as Tolerated?
Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Post-op

Diet - 1800 Carb Control Diabetic

Diet effective now, Starting S
Diet(s): Other Diabetic/Cal
Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate
Advance Diet as Tolerated?
Liquid Consistency:
Fluid Restriction:
Foods to Avoid:

Diet - Heart Healthy

Diet effective now, Starting S
Diet(s): Heart Healthy
Advance Diet as Tolerated?
Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Post-op

<input type="checkbox"/> Diet - Finger Foods	Diet effective now, Starting S Diet(s): Additional Instructions Additional Instructions: Finger Foods Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
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Education

<input checked="" type="checkbox"/> Tobacco cessation education	Routine, Once, Post-op
<input checked="" type="checkbox"/> Patient education (specify)	Routine, Once Patient/Family: Patient Education for: Other (specify) Specify: Inform nurse of numbness/tingling in extremity, chest pain, Shortness Of Breath or any discomfort or bleeding at the site Post-op

IV Fluids

IV Fluids

<input type="checkbox"/> sodium chloride 0.9 % bolus	500 mL, intravenous, once, Post-op For systolic BP less than 100 and/or increase in heart rate of 20 BPM or decrease in SBP of 20 mmHG.
<input type="checkbox"/> sodium chloride 0.45 % infusion	1,000 mL, intravenous, at 150 mL/hr, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.9 % infusion	1,000 mL, intravenous, at 150 mL/hr, continuous, Post-op
<input type="checkbox"/> dextrose 5%-0.45% sodium chloride infusion	intravenous, at 150 mL/hr, for 10 Hours, continuous, Post-op
<input type="checkbox"/> dextrose 5%-0.9% sodium chloride infusion	intravenous, at 150 mL/hr, for 10 Hours, continuous, Post-op

Medications

Analgesics - Mild Pain (Pain Score 1-3) (Single Response)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op
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Analgesics - Moderate Pain (Pain Score 4-6) (Single Response)

<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) 300-30 mg tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication

Analgesics - Severe Pain (Pain Score 7-10) (Single Response)

<input type="checkbox"/> morphine 2 mg/mL injection	2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed

Beta-Blockers (Single Response)

<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800, Post-op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> metoprolol succinate XL (TOPROL-XL) 24 hr tablet	25 mg, oral, daily, Post-op HOLD parameters for this order: Contact Physician if:

() carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800, Post-op HOLD parameters for this order: Contact Physician if:
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Nitrates

[] nitroglycerin infusion	5-200 mcg/min, intravenous, continuous, Post-op
[] isosorbide mononitrate (ISMO,MONOKET) tablet	20 mg, oral, 2 times daily at 0900, 1600, Post-op Post-Op HOLD parameters for this order: Contact Physician if:
[] isosorbide mononitrate (IMDUR) 24 hr tablet	oral, daily, Post-op Post-Op HOLD parameters for this order: Contact Physician if:
[] nitroglycerin (NITRODUR) 24 hr patch	transdermal, daily, Post-op Post-Op
[] nitroglycerin (NITROSTAT) 2% ointment	1 inch, Topical, every 6 hours scheduled, Post-op Post-Op, Apply to chest wall
[] nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, every 5 min PRN, chest pain, For 3 Doses, Post-op Post-Op. Call provider after third dose.

Antiplatelet Agents - ONE MUST BE SELECTED (Single Response) (Selection Required)

() Loading Dose Followed By Maintenance (Single Response)

() clopidogrel (PLAVIX) 300 mg Loading Dose followed by 75 mg Maintenance Dose and aspirin EC 81 mg tablet

[] clopidogrel (PLAVIX) Loading and Maintenance doses **"Followed by" Linked Panel**

[] Loading Dose - clopidogrel (PLAVIX) tablet 300 mg, oral, once, For 1 Doses, Post-op
Loading Dose

[] Maintenance Dose - clopidogrel (PLAVIX) tablet 75 mg, oral, daily, Starting S+1, Post-op
Maintenance Dose

[] aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1, Post-op

() ticagrelor (BRILINTA) 180 mg Loading Dose followed by 90 mg Maintenance Dose and aspirin EC 81 mg tablet

[] ticagrelor (BRILANTA) Oral Loading and Maintenance Doses **"Followed by" Linked Panel**

[] Loading Dose - ticagrelor (BRILINTA) tablet 180 mg, oral, once, For 1 Doses, Post-op
Loading Dose

[] Maintenance Dose - ticagrelor (BRILINTA) tablet 90 mg, oral, 2 times daily, Starting H+12 Hours, Post-op
Maintenance Dose

[] aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1, Post-op

() prasugrel (EFFIENT) 60 mg Loading Dose followed by 10 mg Maintenance Dose and aspirin EC 81 mg tablet
(Selection Required)

[] prasugrel (EFFIENT) Loading and Maintenance Doses **"Followed by" Linked Panel**

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)

[] Loading Dose - prasugrel (EFFIENT) tablet 60 mg, oral, once, For 1 Doses, Post-op
Loading Dose

[] Maintenance Dose - prasugrel (EFFIENT) tablet 10 mg, oral, daily, Starting H+24 Hours, Post-op
Maintenance Dose

[] aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1, Post-op

[] ** DO NOT REMOVE ** Pharmacy Consult to educate patient on prasugrel (EFFIENT) (Selection Required)

[] Pharmacy Consult to educate patient on prasugrel (EFFIENT) STAT, Once For 1 Occurrences
Which drug do you need help dosing? prasugrel (EFFIENT)

() Maintenance Doses Only (Single Response)

() clopidogrel (PLAVIX) 75 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow

<input type="checkbox"/> clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Starting S+1, Post-op
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
() ticagrelor (BRILINTA) 90 mg Maintenance Dose and aspirin EC 81 mg tablet - Start 12 Hours from Now	
<input type="checkbox"/> ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Starting H+12 Hours, Post-op
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
() prasugrel (EFFIENT) 10 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow	
<input type="checkbox"/> prasugrel (EFFIENT) tablet + consult (Selection Required)	"And" Linked Panel
<input type="checkbox"/> prasugrel (EFFIENT) tablet	10 mg, oral, daily, Starting S+1
<input type="checkbox"/> prasugrel (EFFIENT) consult	STAT, Once For 1 Occurrences Which drug do you need help dosing? prasugrel (EFFIENT)
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
() Anti-Platelet Contraindication	Routine, Until discontinued, Starting S Reason for "No" order: Post-op

Anti-Hyperlipidemic Agents (Single Response)

() Moderate Intensity - atorvastatin (LIPITOR) tablet or simvastatin (ZOCOR) tablet (Single Response)	
() atorvastatin (LIPITOR) tablet - Moderate Intensity	10 mg, oral, nightly, Post-op
() simvastatin (ZOCOR) tablet - Moderate Intensity	20 mg, oral, nightly, Post-op
() High Intensity - atorvastatin (LIPITOR) tablet (Single Response)	
() atorvastatin (LIPITOR) tablet - Moderate Intensity	40 mg, oral, nightly
() ezetimibe (ZETIA) tablet	10 mg, oral, nightly, Post-op

GPIIb/IIIa Inhibitors

<input type="checkbox"/> eptifibatide (INTEGRILIN) 0.75 mg/mL infusion	2 mcg/kg/min, intravenous, continuous, Post-op
<input type="checkbox"/> abciximab (REOPRO) 9 mg in sodium chloride 0.9% 250 mL infusion	0.125 mcg/kg/min, intravenous, for 12 Hours, continuous, Post-op
<input type="checkbox"/> bivalirudin (ANGIOMAX) 5 mg/mL in sodium chloride 0.9% 50 mL infusion	1.75 mg/kg/hr, intravenous, continuous, Post-op

ACE/ARB Inhibitors

<input type="checkbox"/> enalaprilat (VASOTEC) injection	0.625 mg, intravenous, every 6 hours, Post-op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> enalapril (VASOTEC) tablet	40 mg, oral, daily, Post-op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> captopril (CAPOTEN) tablet	25 mg, oral, 3 times daily, Post-op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily, Post-op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> valsartan (DIOVAN) tablet	160 mg, oral, 2 times daily, Post-op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> losartan (COZAAR) tablet	50 mg, oral, daily, Post-op HOLD parameters for this order: Contact Physician if:

Anti-Anginal

<input type="checkbox"/> ranolazine (RANEXA) 12 hr tablet	500 mg, oral, 2 times daily, Post-op
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For Sheath(s) Pull Only - PRN

<input type="checkbox"/> atropine injection	0.5 mg, intravenous, once PRN, for heart rate LESS than 55 beats per minute., Post-op
<input type="checkbox"/> diazepam (VALIUM) injection	1 mg, intravenous, once PRN, sedation, Post-op Indication(s): Sedation
<input type="checkbox"/> MIDAZolam (VERSED) injection	1 mg, intravenous, once PRN, sedation, Post-op Indication(s): Sedation
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, once PRN, severe pain (score 7-10), sheath pull, Post-op
<input type="checkbox"/> morPHINE injection	1 mg, intravenous, once PRN, severe pain (score 7-10), sheath pull, Post-op

Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Insomnia: For Patients LESS than 70 years old (Single Response)

<input type="radio"/> zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
<input type="radio"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op

Insomnia: For Patients GREATER than 70 years old (Single Response)

<input type="radio"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
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Other Medications - PRN

<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op
<input type="checkbox"/> magnesium hydroxide suspension	30 mL, oral, 4 times daily PRN, indigestion, Post-op

VTE

Labs

Labs in 4 hours

<input checked="" type="checkbox"/> Creatinine level	Once, Starting H+4 Hours For 1 Occurrences In 4 Hours, Post-op
<input type="checkbox"/> Basic metabolic panel	Once, Starting H+4 Hours For 1 Occurrences In 4 Hours, Post-op
<input type="checkbox"/> CBC with differential	Once, Starting H+4 Hours For 1 Occurrences In 4 Hours, Post-op
<input type="checkbox"/> Prothrombin time with INR	Once, Starting H+4 Hours In 4 Hours, Post-op
<input type="checkbox"/> Troponin	Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 Hours., Post-op

Labs Tomorrow

<input type="checkbox"/> Basic metabolic panel	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> CBC with differential	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Prothrombin time with INR	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Troponin I	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Lipid panel	AM draw For 1 Occurrences, Post-op

Other Studies

Other Diagnostic Studies

<input checked="" type="checkbox"/> ECG Pre/Post Op (PRN)	Routine, Conditional Frequency, Starting S For 6 Occurrences Clinical Indications: Chest Pain Interpreting Physician:
<input checked="" type="checkbox"/> ECG Pre/Post Op (in AM)	Routine, Once Clinical Indications: Post-Op Surgery Interpreting Physician: In AM, ordering cardiologist to interpret EKG, Post-op
<input type="checkbox"/> ECG Pre/Post Op (STAT)	STAT, Once Clinical Indications: Post-Op Surgery Interpreting Physician: Ordering cardiologist to interpret EKG, Post-op
<input type="checkbox"/> ECG 12 lead	Routine, Every 4 hours For 2 Occurrences Clinical Indications: Interpreting Physician: Post-op

Consults

Cardiac Rehabilitation Phase I HMH HMWB

Please unselect if patient does not meet requirements for Cardiac Rehab Phase I

<input checked="" type="checkbox"/> Consult to Cardiac Rehab Phase 1	Routine, Once Clinical Indications: PCI Post-op
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Referral to Cardiac Rehabilitation Phase II (Single Response) (Selection Required)

Please unselect if patient does not meet requirements for Referral to Cardiac Rehab Phase II and select the order: "The patient will not be referred to cardiac rehab due to:" (a reason is required on this order).

<input checked="" type="checkbox"/> Referral to Cardiac Rehab Phase 2	Internal Referral I am referring my patient to outpatient Cardiac Rehabilitation for: Initial, Phase II (36 Sessions) prescription for Cardiac Rehabilitation. Medical justification required: s/p MI (last 12 months) s/p MI (last 12 mos) Date:
<input type="checkbox"/> The patient will not be referred to cardiac rehab due to:	The patient will not be referred to cardiac rehab due to:

Additional Orders Discharge

Discharge Order

<input type="checkbox"/> Discharge patient	Discharge at 12:00 AM Specific Destination: Is a readmission planned within 30 days?
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Discontinue tubes/drains

<input type="checkbox"/> Discontinue Foley catheter	Routine, Once, Scheduling/ADT
<input type="checkbox"/> Discharge home with Foley catheter	Routine, Once, Scheduling/ADT
<input type="checkbox"/> Discontinue IV	Routine, Once For 1 Occurrences, Scheduling/ADT
<input type="checkbox"/> Deaccess port	
<input type="checkbox"/> Deaccess Port-a-cath	Routine, Once, Scheduling/ADT

heparin, porcine (PF) 100 unit/mL injection intra-catheter, once, Scheduling/ADT

Discharge Activity - REQUIRED

<input type="checkbox"/> Activity as tolerated	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Ambulate with assistance or assistive device	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Lifting restrictions	Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.
<input type="checkbox"/> Weight bearing restrictions (specify)	Routine, Normal, Scheduling/ADT Weight Bearing Status: Extremity: ***
<input type="checkbox"/> Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> No driving for 2 days	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Shower instructions:	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge activity	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, Scheduling/ADT, ***

Wound/Incision Care

<input type="checkbox"/> Discharge wound care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge incision care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge dressing	Routine, Normal, Scheduling/ADT, ***

Discharge Diet - REQUIRED (Single Response)

<input type="radio"/> Discharge Diet	Routine, Normal, Scheduling/ADT Discharge Diet:
<input type="radio"/> Discharge Diet- Regular	Routine, Normal, Scheduling/ADT Discharge Diet: Regular

Patient to notify physician

<input checked="" type="checkbox"/> Call physician for:	Routine, Normal, Scheduling/ADT, Temperature greater than 100.5
<input checked="" type="checkbox"/> Call physician for: Persistent nausea or vomiting	Routine, Normal, Scheduling/ADT
<input checked="" type="checkbox"/> Call physician for: severe uncontrolled pain	Routine, Normal, Scheduling/ADT
<input checked="" type="checkbox"/> Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine, Normal, Scheduling/ADT
<input checked="" type="checkbox"/> Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for:	Routine, Normal, Scheduling/ADT, ***

Discharge Education

<input type="checkbox"/> Nurse to provide discharge education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide patient education Scheduling/ADT
<input type="checkbox"/> Nurse to provide tobacco cessation education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide tobacco cessation education Scheduling/ADT

Discharge Instructions

<input type="checkbox"/> Additional discharge instructions for Patient	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***, Scheduling/ADT

Place Follow-Up Order

<input type="checkbox"/> Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time:
<input type="checkbox"/> Follow-up with primary care physician	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with department	Details