

Intra-aortic Balloon Pump (IABP) Insertion/Exchange Pre Procedure [3959]

General

Case Request

[X] Case request cath lab	Details
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Nursing

Vital Signs

[X] Vital signs - T/P/R/BP	Routine, Per unit protocol
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Telemetry

[] Telemetry	"And" Linked Panel
[] 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 Pre-op
[] 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 Pre-op

Diet

[] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: (Hold diabetic medications morning of procedure)
[] Diet-Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: For breakfast

Consents

[] Complete consent for Intra-aortic balloon pump insertion	Routine, Once Procedure: Intra-aortic balloon pump insertion Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?
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[] Complete consent for intra-aortic balloon pump exchange	Routine, Once Procedure: intra-aortic balloon pump exchange Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?
[] Complete consent for	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

Medications

Pharmacy Consult

[X] Pharmacy consult to manage heparin: IABP protocol STAT, Until discontinued, Starting S

PreOp Antibiotics (Single Response)

Select desired time of administration:

() NEW axillary IABP placement (Single Response)

Does your patient have a SEVERE penicillin allergy?

() No (Single Response)

() cefTRIAxone (ROCEPHIN) 1 g IV + vancomycin 15 mg/kg IV

[] cefTRIAxone (ROCEPHIN) IV - BEFORE axillary IABP insertion

1 g, intravenous, for 30 Minutes, once, For 1 Doses
On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure.
Reason for Therapy: Surgical Prophylaxis

[] vancomycin 15 mg/kg IV + Pharmacy Consult (Selection Required)

[] vancomycin (VANCOCIN)

15 mg/kg, intravenous, once, For 1 Doses
On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure
Reason for Therapy: Surgical Prophylaxis

[] Pharmacy consult to manage vancomycin

STAT, Until discontinued, Starting S
Indication:

() For SEVERE Vancomycin Allergy - cefTRIAxone

(ROCEPHIN) 2 g IV + clindamycin (CLEOCIN) 600 mg IV

[] cefTRIAxone (ROCEPHIN) IV

1 g, intravenous, for 30 Minutes, once, For 1 Doses
On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure
Reason for Therapy: Surgical Prophylaxis

[] clindamycin (CLEOCIN) IV

600 mg, intravenous, for 30 Minutes, once, For 1 Doses
On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure
Reason for Therapy: Surgical Prophylaxis

() Yes (Single Response)

() aztreonam (AZACTAM) 2 g IV + vancomycin 15 mg/kg IV

[] aztreonam (AZACTAM) IV

2 g, intravenous, once, For 1 Doses
On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure
Reason for Therapy: Surgical Prophylaxis

<input type="checkbox"/> vancomycin 15 mg/kg IV + Pharmacy Consult (Selection Required)	
<input type="checkbox"/> vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication:
() SEVERE Vancomycin Allergy - aztreonam (AZACTAM) 2 g IV + clindamycin (CLEOCIN) 600 mg IV	"And" Linked Panel
<input type="checkbox"/> aztreonam (AZACTAM) IV	2 g, intravenous, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> clindamycin (CLEOCIN) IV	600 mg, intravenous, for 30 Minutes, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
() EXISTING axillary IABP (manipulation or exchange in cath lab) (Single Response)	
() vancomycin 15 mg/kg IV + Pharmacy Consult (Selection Required)	
<input type="checkbox"/> vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication:
() SEVERE Vancomycin Allergy - clindamycin 600 mg IV	
<input type="checkbox"/> clindamycin (CLEOCIN) IV	600 mg, intravenous, for 30 Minutes, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure. Reason for Therapy: Surgical Prophylaxis

Labs

Laboratory on Arrival to Unit

<input type="checkbox"/> Partial thromboplastin time, activated	Once
<input type="checkbox"/> Anti Xa, unfractionated	Once

Cardiac Imaging

CXR portable 1 view

<input type="checkbox"/> XR Chest 1 Vw Portable	Routine, Daily imaging For 3 Days SUPINE to check IABP position
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Consults

Ancillary Consults

<input type="checkbox"/> Consult to OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:

