

General

Case Request

Case request cath lab Details

Nursing

Vital Signs

Vital signs - T/P/R/BP Routine, Per unit protocol

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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<input type="checkbox"/> 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?
<input type="checkbox"/> 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

<input checked="" type="checkbox"/> Pharmacy consult to manage heparin: IABP protocol	STAT, Until discontinued, Starting S
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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

<input type="checkbox"/> 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
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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
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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

<input type="checkbox"/> 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
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<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
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Yes (Single Response)

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

<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
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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:

SEVERE Vancomycin Allergy - aztreonam (AZACTAM) 2 g IV + clindamycin (CLEOCIN) 600 mg IV **"And" Linked Panel**

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

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)

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:

SEVERE Vancomycin Allergy - clindamycin 600 mg IV

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

Partial thromboplastin time, activated Once

Anti Xa, unfractionated Once

Cardiac Imaging

CXR portable 1 view

XR Chest 1 Vw Portable Routine, Daily imaging For 3 Days
SUPINE to check IABP position

Consults

Ancillary Consults

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:

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:

