

Cardiac Catheterization PreProcedure (980)

Version: 22 Gen: 10/16/2026

Location: _____

Pre Anesthesia Testing

Pre Anesthesia Testing Orders

The ambulatory orders in this section are specifically for Pre Anesthesia Testing. For additional PAT orders, please use 'Future Status' and 'Pre-Admission Testing Phase of Care'

☐ Other Diagnostic Studies for PAT

☒ **ECG Pre/Post Op** Once, Pre-Admission Testing, Routine, 6

Clinical Indications:

Interpreting Physician:

☐ **ECG 12 lead** Once, Pre-Admission Testing, Routine, 6

Clinical Indications:

Interpreting Physician:

☐ **XR Chest 1 Vw Portable** 1 time imaging, Pre-Admission Testing, Routine

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **XR Chest 2 Vw** 1 time imaging, Pre-Admission Testing, Routine

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Pv carotid duplex** 1 time imaging, Routine

Laterality:

Special protocol:

☐ **Us vein mapping lower extremity** 1 time imaging, Routine

Laterality:

Preferred interpreting Cardiologist or group:

☐ **Methicillin-resistant staphylococcus aureus (MRSA), NAA** Once, Pre-Admission Testing, Routine, Nares

☐ Respiratory

☐ **Spirometry pre & post w/ bronchodilator, diffusion, lung volumes** Once, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry, diffusion, lung volumes** Once, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry pre & post w/ bronchodilator** Once, Pre-Admission Testing, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Body Plethysmographic lung volumes** Once, Pre-Admission Testing, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry** Once, Pre-Admission Testing, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **OP Diffusion Capacity Combination Panel**

☐ **Spirometry, diffusion** Once, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry, diffusion, lung volumes** Once, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry, diffusion, MIPS/MEPS** Once, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry, diffusion, lung volumes, MIPS/MEPS** Once, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry pre & post w/ bronchodilator, diffusion** Once, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry pre & post w/ bronchodilator, diffusion, lung volumes** Once, Routine

RT to follow protocol for changes to requested PFT orders?

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☐ **Spirometry pre & post w/ bronchodilator, diffusion, MIPS/MEPS** Once, Routine
RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry pre & post w/ bronchodilator, diffusion, lung volumes, MIPS/MEPS** Once, Routine
RT to follow protocol for changes to requested PFT orders?

☐ Laboratory: Preoperative Testing Labs

☐ **COVID-19 qualitative RT-PCR - Nasal Swab** Once, Pre-Admission Testing, Routine

Specimen Source: Nasal Swab

Is this for pre-procedure or non-PUI assessment? ☐ Yes

Specimen Source:

☐ **CBC with platelet and differential** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Comprehensive metabolic panel** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Basic metabolic panel** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Prothrombin time with INR** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Partial thromboplastin time** Once, Pre-Admission Testing, Routine, Blood, 3

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

☐ **Hepatic function panel** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Platelet function analysis** Once, Pre-Admission Testing, Routine, Blood, 3

Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.

☐ **Hemoglobin A1c** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Type and screen** Once, Pre-Admission Testing, Routine, Blood

☐ **hCG qualitative, serum screen** Once, Pre-Admission Testing, Routine, Blood, 3

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **POC pregnancy, urine** Once, Pre-Admission Testing, Routine, Urine

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Urinalysis, automated with microscopy** Once, Pre-Admission Testing, Routine, Urine

Specimen must be received in the laboratory within 2 hours of collection.

☐ Laboratory: Additional Labs

☐ **Urinalysis screen and microscopy, with reflex to culture** Once, Pre-Admission Testing, Routine, Urine

Specimen Source: Urine

Specimen Site:

Specimen must be received in the laboratory within 2 hours of collection.

☐ **CBC hemogram** Once, Pre-Admission Testing, Routine, Blood, 3

CBC only; Does not include a differential

☐ **HIV 1/2 antigen/antibody, fourth generation, with reflexes** Once, Pre-Admission Testing, Routine, Blood, 3

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Syphilis treponema screen with RPR confirmation (reverse algorithm)** Once, Pre-Admission Testing, Routine, Blood, 3

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Acute viral hepatitis panel (HAV, HBV, HCV)** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Thromboelastograph - NOT HMW HMSL HMB HMWB** Once, Pre-Admission Testing, Routine, Blood, 3

Anticoagulant Therapy:

Diagnosis:

Fax Number (For TEG Graph Result):

Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.

☐ **Thromboelastograph - HMW HMSL HMB HMWB** Once, Pre-Admission Testing, Routine, Blood, 3

Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.

☐ **Vitamin D 25 hydroxy level** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Methicillin-resistant staphylococcus aureus (MRSA), NAA** Once, Pre-Admission Testing, Routine, Nares

☐ **T3** Once, Pre-Admission Testing, Routine, Blood, 3

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☐ **T4** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Thyroid stimulating hormone** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Prostate specific antigen** Once, Pre-Admission Testing, Routine, Blood, 3

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Laboratory: Additional for Bariatric patients**

☒ **Lipid panel** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **hCG qualitative, serum screen** Once, Pre-Admission Testing, Routine, Blood, 3

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☒ **Total iron binding capacity, percent transferrin saturation, and iron level** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **T4, free** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Thyroid stimulating hormone** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Hemoglobin A1c** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Parathyroid hormone** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **CBC with platelet and differential** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Prothrombin time with INR** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Partial thromboplastin time, activated** Once, Pre-Admission Testing, Routine, Blood, 3

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

☒ **Vitamin A level, plasma or serum** Once, Pre-Admission Testing, Routine, Blood, 3

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

☒ **Vitamin B12 level** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Vitamin D 25 hydroxy level** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Copper level, serum** Once, Pre-Admission Testing, Routine, Blood, 3

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

☒ **Folate level** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Vitamin B1 (thiamine)** Once, Pre-Admission Testing, Routine, Blood, 3

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

☒ **Zinc level, serum** Once, Pre-Admission Testing, Routine, Blood, 3

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

Case Requests

Cardiac Catheterization Case Requests

☒ **Case request Cath Lab** Once, Scheduling/ADT, Routine

Is the PCI procedure to be performed at HMH Walter Cath lab?

Reason for exam ?

Preferred Time of Day:

Nursing

Informed Consent

Consent for moderate sedation is required by policy and has been added to this order set for HMH inpatients.

☒ **Complete Consent For Disclosure and consent for anesthesia, sedation and pain management.** Once, Pre-op, Routine, Place on chart.

Procedure:

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 Selective coronary arteriogram** Once, Pre-op, Routine, Place on chart.

Procedure: ○ Selective coronary arteriogram

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 Left heart catheterization** Once, Pre-op, Routine, Place on chart.

Procedure: ○ Left heart catheterization

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 Percutaneous coronary intervention** Once, Pre-op, Routine, Place on chart.

Procedure: ○ Percutaneous coronary intervention

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 Right and left heart catheterization, Selective coronary angiogram, Left ventriculogram** Once, Pre-op, Routine, Place on chart.

Procedure: ○ Right and left heart catheterization, Selective coronary angiogram, Left ventriculogram

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 Abdominal angiogram** Once, Pre-op, Routine, Place on chart.

Procedure: ○ Abdominal angiogram

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 Abdominal angiogram and bilateral femoral angiogram** Once, Pre-op, Routine, Place on chart.

Procedure: ○ Abdominal angiogram and bilateral femoral angiogram

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 right heart catheterization** Once, Pre-op, Routine, Place on chart.

Procedure: ○ right heart catheterization

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 intra-aortic balloon pump** Once, Pre-op, Routine, Place on chart.

Procedure: ○ intra-aortic balloon pump

Diagnosis/Condition:

Physician:

Risks and Hazards:

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?

Sign: _____ Printed Name: _____

Date/Time: _____

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☐ **Complete consent for ventricular assist device** Once, Pre-op, Routine, Place on chart.

Procedure: ○ ventricular assist device

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 carotid angiogram** Once, Pre-op, Routine, Place on chart.

Procedure: ○ carotid angiogram

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 subclavian angiogram** Once, Pre-op, Routine, Place on chart.

Procedure: ○ subclavian angiogram

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 coronary atherectomy** Once, Pre-op, Routine, Place on chart.

Procedure: ○ coronary atherectomy

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 pulmonary angiogram** Once, Pre-op, Routine, Place on chart.

Procedure: ○ pulmonary angiogram

Diagnosis/Condition:

Physician:

Risks and Hazards:

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** Once, Pre-op, Routine, Place on chart.

Procedure:

Diagnosis/Condition:

Physician:

Risks and Hazards:

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?

Intervention Consent

☐ **Complete consent for peripheral vascular intervention** Once, Pre-op, Routine

Procedure: ○ Peripheral vascular intervention

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 percutaneous pulmonary artery intervention** Once, Pre-op, Routine

Procedure: ○ Percutaneous pulmonary artery intervention

Diagnosis/Condition:

Physician:

Risks and Hazards:

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?

Sign: _____ Printed Name: _____

Date/Time: _____

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☐ **Complete consent for carotid intervention** Once, Pre-op, Routine

Procedure: ○ Carotid intervention

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 interatrial septal puncture** Once, Pre-op, Routine

Procedure: ○ Interatrial septal puncture

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 balloon aortic valvuloplasty** Once, Pre-op, Routine

Procedure: ○ Balloon aortic valvuloplasty

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 balloon mitral valvuloplasty** Once, Pre-op, Routine

Procedure: ○ Balloon mitral valvuloplasty

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 atrial septal defect closure** Once, Pre-op, Routine

Procedure: ○ Atrial septal defect closure

Diagnosis/Condition:

Physician:

Risks and Hazards:

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 pulmonic valve replacement** Once, Pre-op, Routine

Procedure: ○ Pulmonic valve replacement

Diagnosis/Condition:

Physician:

Risks and Hazards:

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?

Diet

☐ **NPO - except meds** Diet effective midnight, Pre-op, Routine, No solids or non clear liquids up to six hours prior to procedure.

No clear liquids.

NPO: ○ Except meds

Pre-Operative fasting options:

☐ **NPO** Diet effective _____, 0800, Pre-op, Routine, After breakfast. No solids or non clear liquids up to six hours prior to procedure. No clear liquids.

NPO:

Pre-Operative fasting options:

Sign: _____ Printed Name: _____

Date/Time: _____

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☐ **Diet - Solids and non-clear liquids up to six hours prior to procedure, clear liquids up to four hours prior** Diet effective now, Pre-op, Routine, Diet - Solids and non-clear liquids up to six hours prior to procedure, clear liquids up to four hours prior to procedure

Diet(s): ☐ Clear Liquids

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

☐ **Diet - Clear liquids up to two hours prior to the procedure** Diet effective now, Pre-op, Routine, Clear liquids up to two hours prior to the procedure

Diet(s): ☐ Clear Liquids

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

☐ **Diet - Solids and non-clear liquids up to six hours prior to procedure, clear liquids up to two hours prior** Diet effective now, Pre-op, Routine, Solids or non clear liquids up to six hours prior to procedure. No clear liquids up to two hours prior to procedure.

Diet(s): ☐ Clear Liquids

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

IV Fluids

Peripheral IV Access

☐ **Initiate and maintain IV**

☒ **Insert peripheral IV** Once, Routine

☒ **sodium chloride 0.9 % flush** 10 mL, every 12 hours scheduled, line care

Indication(s) for Once Reason:

☒ **sodium chloride 0.9 % flush** 10 mL, intravenous, PRN, line care

Indication(s) for Once Reason:

☐ **IV - Hydration Protocol**

☒ **Pre-Procedure**

☐ **Inpatient**

☐ **sodium chloride 0.9% infusion** 125 mL/hr, continuous

Indication(s) for Once Reason:

☐ **sodium chloride 0.9% infusion** .9 , continuous

Indication(s) for Once Reason:

☐ **Inpatient**

☐ **sodium chloride 0.9% infusion** 125 mL/hr, continuous

Indication(s) for Once Reason:

☐ **sodium chloride 0.9% infusion** .9 , continuous

Indication(s) for Once Reason:

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Date/Time: _____

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☒ **Inpatient**

☐ **sodium chloride 0.9% infusion** 125 mL/hr, continuous
Indication(s) for Once Reason:

☐ **sodium chloride 0.9% infusion** .9 , continuous
Indication(s) for Once Reason:

Medications

Medications

☐ **aspirin (ECOTRIN) enteric coated tablet** 81 mg, oral, daily, Pre-op

Antihyperlipidemic Agents

☐ **Moderate Intensity**

☐ **atorvastatin (LIPITOR) tablet - Moderate Intensity** 10 mg, oral, nightly, Post-op

☐ **atorvastatin (LIPITOR) tablet - Moderate Intensity** 20 mg, oral, nightly, Post-op

☐ **rosuvastatin (CRESTOR) tablet - Moderate Intensity** 10 mg, oral, nightly, Post-op

☐ **High Intensity**

☐ **atorvastatin (LIPITOR) tablet - High Intensity** 40 mg, oral, nightly, Post-op

☐ **atorvastatin (LIPITOR) tablet - High Intensity** 80 mg, oral, nightly, Post-op

☐ **rosuvastatin (CRESTOR) tablet - High Intensity** 10 mg, oral, nightly, Post-op

Contrast Allergy Medications

☐ **diphenhydramine (BENADRYL) injection** 25 mg, intravenous, once, 1, Occurrences, Pre-op
On call to catheterization laboratory.

☐ **famotidine (PEPCID) injection** 20 mg, intravenous, once, 1, Occurrences, Pre-op
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Indication(s) for H2 Receptor Antagonist (H2RA) Therapy:
On call to catheterization laboratory.

☐ **methylPREDNISolone sodium succinate (Solu-MEDROL) injection** 100 mg, intravenous, Pre-op
On call to catheterization laboratory.

Labs

☐ **COVID-19 Qualitative PCR**

☐ **COVID-19 qualitative RT-PCR - Nasal Swab** STAT, 1, Occurrences, Pre-op, Routine
Specimen Source: Nasal Swab
Is this for pre-procedure or non-PUI assessment? ☐ Yes
Specimen Source:

Labs

☐ **Basic metabolic panel** Once, Pre-op, Routine, Blood, 3

☐ **CBC with platelet and differential** Once, Pre-op, Routine, Blood, 3

☐ **Prothrombin time with INR** Once, Pre-op, Routine, Blood, 3

☐ **Partial thromboplastin time** Once, Pre-op, Routine, Blood, 3

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

☐ **hCG, serum, qualitative** Once, Pre-op, Routine, Blood, 3
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Cardiology

ECG

☐ **ECG Pre/Post Op** Once, Pre-op, Routine, 6
Clinical Indications: ☐ Pre-Op Clearance
Interpreting Physician:

Imaging

Other Studies

Respiratory

Rehab

Consults

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Date/Time: _____

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Additional Orders

Sign: _____ Printed Name: _____
Date/Time: _____