Your Hospital's Logo Here

PHYSICIAN'S ORDER SHEET

PRE-CATH / INTERVENTION ORDERS

ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT

AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.

PATIENT IDENTIFICATION

Check (√) Each Order As Transcribed	GENERAL ORDERS
	DATE: **TIME:** (Military Time)
	Dr. ____________________
	Diagnosis:
	☐ NPO at midnight
	☐ 2 IV Sites: **[1]** NS @ __________ ml / hr; **[2]** Hep Lock
	☐ Obtain EKG, BMP, PT / PTT, CBC, CMP Pre-Procedure
	☐ If Diabetic: Glucose Finger-Stick before sending Patient to Cath Lab
	☐ Assess & Mark Distal Pulses
	☐ Void on Call / Urinary Catheter if Needed
	☐ If Patient had recent Diagnostic Cath, Assess & Note Groin Site for: Bruit, Redness, Swelling, Pain
	Obtain consent for: ☐ Right & Left Cardiac Catheterization with possible Percutaneous Transluminal Coronary Angioplasty / Stent / Intravascular Ultrasound ☐ Right & Left Cardiac Catheterization ☐ Percutaneous Transluminal Coronary Angioplasty / Stent / Intravascular Ultrasound ☐ Other ____________________
	Arterial Doppler of Right Groin ☐ YES ☐ NO

Allergy

MEDICATIONS

ALL MEDICATIONS:	RATIONALE:
1. Sedation (specify): ____________________ ____________________ .	
2. Pre Meds at least 3 hours prior to procedure: ☐ Aspirin (non-enteric) 325 mg PO, and ☐ Plavix ____________________mg PO	
3. If Creatinine > 1.8: Consider ☐ Mucomyst 600 mg PO Now ☐ IV Fluids _______ @ _______ / Hr for _______ Hrs Pre-procedure	
4. ☐ Notify Attending MD for ASA and/or Contrast Allergy	
5. ☐ Give Hypertensive Meds, Hold Glucophage,	
Glucovance, other Oral Hypoglycemics, Insulin,	
Viagra, Heparin, Warfarin & Lovenox	

FAXED BY/TIME: (Military Time)	TIME NOTED: (Military Time)	NURSE'S Signature / Title:	MD's Signature:	Date: Time:

PART OF THE MEDICAL RECORD