DATE	TIME	ALLERGIES			Patient Identification
		WEIGHT: HT	 :		
ORDERS (OTHER THAN MEDICATIONS)					
Admit to Dr.					
Absolute bedrest with HOB less than 30° x hrs., OOB at hrs.					,
□ VasoSeal □ Angioseal □ Other					
Keep affected leg straight, may log roll.					
Vital signs, Groin Site Checks and Pulse Checks:					
every 15 min x 4; every 1h x 4; then every 4 hr.					
Femoral Arterial Sheath Removal: check ACT in 4 hrs. and 1 hr. until 150 or less					
NASAL O <sub>2</sub> at hours					,
IV fluids:					
EKG now and with episodes of chest pain/cardiac rhythm changes					
Notify (H.O., Fellow, NP, Attending) for:					
Chest pain or SOB					
2. Arrhythmias					
Excessive bleeding or loss of pulse in affected leg					
4. SBP less than 90 or greater than 180 HR less than 50 or greater than 120					
5. If unable to void, insert urinary catheter, discontinue foley when OOB					
If patient on ReoPro or Integrilin:					
Check CBC in 4 hours and in AM					
Notify MD if platelet less than 100,000					
Integrilin Reopro Other					
47	Start Time _	Rate	/ End Time		
Diet: Cardiac					
					ATIONS
				platelet Therapy	
2 🗆				-inflammatory/Antiplatelet	
3 🗸	3				lgesic
				-	
NURSE SIGNATURE PHYSICIAN SIG					SNATURE/BEEPER #
Date:		Time:	Required fo	r countersignat	ture on telephone/verbal orders:
Fax Date:		Time:	Date:		Time:
			ı		

Patient Label

PROVIDER ORDERS POST CORONARY INTERVENTION