Your Hospital's Logo Here

POST CARDIAC CATHETERIZATION
PHYSICIAN'S ORDER SHEET

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	Check (√) Pharmacy Orders	**Allergy**
		PHYSICIAN'S ORDER
		DATE: **TIME:** (Military Time)
		MEDICATIONS GIVEN DURING CATH
		I. VERSED _____ mg / IV
		II. FENTANYL _____ mcg / IV
		PATIENT STATUS - POST CARDIAC CATH ORDERS
		1. ☐ ADMIT (inpatient) -***OR***- ☐ OBSERVE (outpatient) x _____ hrs & discharge to home at _____.
		2. ☐ Complete bedrest x _____ hrs with right / left leg extended, may elevate HOB 30 degrees; may logroll side to side. Then activity as follows: _____ OOB to chair as tol.; _____ BRP only; _____ activity ad lib; -***OR***- ☐ DO NOT USE PROCEDURE SITE ARM FOR BP. May sit up. Procedure arm used: ☐ RIGHT ☐ LEFT
		3. Check cath site for bleeding & distal pulses with vital signs as follows: every 15min x 4; every 30min x 2; every 1 hour x 4; then _____
		4. Resume pre-cath diet at _____
		5. Encourage patient to drink _____ ml fluids today.
		6. Tylenol ___ or Tylenol with Codeine #3 ___ ; 2 tablets po every 4 hours prn for cath site pain.
		7. May insert Foley Catheter; remove when OOB.
		8. Continue IV of _____ at _____ ml / hour. May d/c IV at _____ .
		9. ☐ Sandbag to right / left groin x _____ hours.
		10A. ☐ Angioseal right / left groin. 10B. ☐ Femstop applied at _____ hours: remove in 3 hours at _____.

FAXED BY/TIME:	TIME NOTED:	Doctor's Signature _____,MD Date _____ Nurse's Signature / Title_____

Military Time > >

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD