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# PHYSICIAN'S ORDER SHEET

## POST PTCA / STENT 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	<b>GENERAL ORDERS</b>		
		<b>DATE:</b>	<b>TIME:</b> ( Military Time )	
		<b>Select One:</b>		
		<input type="checkbox"/> Routine PCI Recovery <input type="checkbox"/> CCU <input type="checkbox"/> ICU <input type="checkbox"/> TELE <input type="checkbox"/> Admit to Dr. _____		
		Procedure:		
		Diagnosis:		
		<input type="checkbox"/> Keep affected leg straight; may log roll <input type="checkbox"/> Femoral Arterial Sheath Removal: Check ACT in 4 hrs and Q 1 Hr until $\leq 150$		
		<b>Post Sheath Removal:</b>		
		<input type="checkbox"/> Absolute bedrest with HOB $< 30^\circ$ x _____ hrs <input type="checkbox"/> Vital signs, groin checks, and pulse checks: Q 15min x 4; Q 30min x 4; Q 1hr x 4; then Q 4 hr		
		<input type="checkbox"/> Angio Seal      Bedrest _____ hrs <input type="checkbox"/> Femostop Remove in 3 hrs; then Bedrest for _____ hrs <input type="checkbox"/> EKG now + in AM & w/ episodes of Chest Pain / Rhythm Changes / Arrhythmias <input type="checkbox"/> Notify attending for: [1] Chest Pain or SOB; [2] Excessive Bleeding / Hematoma or loss of Pulse in affected Leg; [3] SBP $< 90$ or $> 180$ , HR $< 50$ or $> 120$ <input type="checkbox"/> CBC in 4 hrs and in AM; Cardiac enzymes + Troponin - BMP in 8 hrs		

Allergy	MEDICATIONS		
ALL MEDICATIONS:	RATIONALE:		
<input type="checkbox"/> IV Fluids _____			
<input type="checkbox"/> Integriin: Start _____ Rate _____ End _____			
<input type="checkbox"/> NTG 50/250 D5W: Start _____ Rate _____ End _____ Titrate for CP + SBP $< 110$ SBP $> 165$			
<input type="checkbox"/> Plavix _____ mg now; then 75mg PO once a day			
<input type="checkbox"/> ASA 325mg PO once a day <input type="checkbox"/> ASA 81mg PO once a day			
<input type="checkbox"/> Tylenol 2 Tabs PO Prn Q 4 Hr for Pain -or- <input type="checkbox"/> Tylox _____ PO Prn Q 4 - 6 Hr for Pain -or- <input type="checkbox"/> Tylenol #3 _____ Tabs PO (for moderate or severe back pain ) Q 4 Hr Prn -or- <input type="checkbox"/> Versed 1-2mg IV for Sheath Pull / Anxiety / Restlessness			
<input type="checkbox"/> NTG 0.4mg SL for Chest Pain and/or Sheath Removal if SBP $> 165$ DBP $> 100$			
<input type="checkbox"/> Resume Pre-Procedure Meds			
<b>FAXED BY/TIME:</b> (Military Time)	<b>TIME NOTED:</b> (Military Time)	<b>NURSE'S Signature / Title:</b>	<b>MD's Signature:</b>
			<b>Date:</b>
			<b>Time:</b>

**PART OF THE MEDICAL RECORD**

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PATIENT IDENTIFICATION	Check (✓) Each Order As Transcribed	<b>GENERAL ORDERS</b>	
		<b>DATE:</b>	<b>TIME:</b> ( Military Time )
		Diet: Sips of H <sub>2</sub> O until Sheath Removal	
		Then <input type="checkbox"/> 2gm Na Low Cholesterol	
		<input type="checkbox"/> Other: _____	
		<input type="checkbox"/> O <sub>2</sub> at 2 liters nasal cannula, and titrate to keep O <sub>2</sub> Sat >92%	
		Discharge home at _____	

Allergy	MEDICATIONS		
ALL MEDICATIONS:	RATIONALE:		
1. <input type="checkbox"/> Atorvastatin _____ mg PO _____			
2. <input type="checkbox"/> Pravastatin _____ mg PO _____			
3. <input type="checkbox"/> Simvastatin _____ mg PO _____			
4. <input type="checkbox"/> Enalapril _____ mg PO _____			
5. <input type="checkbox"/> Ramipril _____ mg PO _____			
6. <input type="checkbox"/> Lisinopril _____ mg PO _____			
7. <input type="checkbox"/> Lovenox _____ mg SQ _____			
8. <input type="checkbox"/> Atenolol _____ mg PO _____			
9. <input type="checkbox"/> Metoprolol _____ mg PO _____			
10. <input type="checkbox"/> Mucomyst _____ mg PO _____			
11.			
12.			
13.			
14.			

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

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