DATE	TIME	ALLERGIES	Patient Identification
		WEIGHT: HT:	

ORDERS *(OTHER THAN MEDICATIONS)*

Admit to Dr. _____ ❒ CVC ❒ CCU ❒ ICU

❒ Inpatient Status ❒ Observation Status

Patient to remain flat one hour post sheath removal, then

HOB elevated greater than 30° x _____ hrs., OOB @ _____ hrs.

❒ Vasoseal ❒ Angioseal Other _____

Keep affected leg straight, may log roll

Vital signs, groin site checks and pulse checks

q 15 min. x 4, q 30 min. x 4, q 1 hr. x 4, then q 4 hr.

IV fluids:

Diet: Cardiac prudent

Notify (H.O. Fellow, NP, Attending) for:

1. Chest Pain - SOB
2. SBP less than than 90 or greater than 180
3. HR less than 50 or greater than 120
4. Loss of pulse in affected leg, or excessive bleeding
5. Arrhythmias

If unable to void insert urinary catheter

OOB @ _____ Home @ _____

MEDICATION ORDERS *(EXCEPT ANTIBIOTICS)*

1. ❒ Nitroglycerine 0.3 mg subling, for chest pain if systolic BP greater than 100 and call M.D.
2. ❒ Acetaminophen 2 tabs po q 4 hr. prn for headache or back pain
3. ❒ Diazepam 5 mg PO for anxiety/restlessness q 6 hr PRN or Diazepam 2mg IV for sheath pull/anxiety/restlessness - may repeat x 1
4. ❒ Clopidogrel _____ mg po now then 75 mg po daily for hypercholestremia

_____ M.D.
PHYSICIAN SIGNATURE / BEEPER @ PAS #

NURSE SIGNATURE	PHYSICIAN SIGNATURE/BEEPER #
Date: _____ Time: _____	↓ *Required for countersignature on telephone/verbal orders:* ↓
Fax Date: _____ Fax Time: _____	Date: _____ Time: _____

Patient Label

PROVIDER ORDERS
SAME DAY CATH
POST- CATH ORDER