



**PRE-PROCEDURE
CARDIAC CATH / PCI
OUTPATIENT PROCEDURE ORDERS**



Patient name: _____ DATE: _____

DOB: _____ Phone#: _____

PAT Date: _____ Diagnosis: _____

Procedure Date: _____ CPT Code: _____ ICD10 Code: _____

Precert Completed? Yes No Precert completed by: _____

Admit patient: OPS IP Precert Number: _____

Physician: _____ Patient Allergies: _____
(Print name)

Treatment for allergies as indicated: _____

Verify patient height: _____, Weight: lbs _____ kgs _____

12 lead EKG (Must be within 7 days of the procedure)

Labs must be within 14 days of the the procedure-

****Abnormal lab values may need to be repeated on the morning of the procedure****

CBC with or without diff (please specify)

BMP, CMP, PT/PTT, PT/INR

Chest X-ray (Must be within last 6 months)

Notify Physician of any abnormal lab, ECG, or Chest X-ray findings

HCG on day of procedure for female (unless post-menopausal or there is a history of hysterectomy or tubaligation)

Obtain IV access: Left arm if possible (18g or 20g X 2 sites)

6 inch extension to one site and flushed with 10ml normal saline

Start Normal Saline at _____ ml/hr

Prep procedure site as ordered (always prep bilateral groin sites)

Medication Reconciliation completed

Verify consent or obtain consent for: LHC RHC L&RHC Other: _____

Verify H&P by the performing Physician (Must be within the past 30 days)

Cardiology consult present on the chart

Pre-Procedure medication(s): _____

Additional orders: _____

Physician Signature _____ Date/Time _____

Please fax orders to: Centralized Scheduling- 389-2165
and Cath Lab- 383-5663