



**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 procedure-

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

Request Anesthesia for the procedure

CBC with or without diff, BMP, CMP, PT/PTT, PT/INR

Lipid Profile (instruct patient to be NPO for 12 hrs prior to lab draw)

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

Increased Risk of AKI

GFR < 45 or

GFR < 60 if patient has Diabetes, CHF, liver failure, or proteinuria

High Risk of AKI

GFR < 30 or

GFR < 45 if patient has Diabetes, CHF, liver failure, or proteinuria

Fluid recommendation:

3.5ml/kg/hr x 1hr prior to contrast exposure. 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 LHC w Grafts 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: :Order Line 1-866-498-1972
:Resource Scheduling 912-389-2165
:Cath Lab 912-389-5664

ROOM-BED _s