



Patient Identification Information

- SISTERS OF CHARITY HOSPITAL • Buffalo, NY SISTERS OF CHARITY HOSPITAL ST JOSEPH Campus • Cheektowaga, NY
- KENMORE MERCY HOSPITAL • Kenmore, NY MERCY HOSPITAL • Buffalo, NY MERCY HOSPITAL Orchard Park division • Orchard Park, NY

Allergies & Sensitivities:

- No Known Allergies** (Indicates automatic order. MD to draw line through orders to discontinue)

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PRE-PROCEDURE INVASIVE LAB ORDERS

Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber

Date:	Time:	Prescriber Orders
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HEIGHT: _____ cm **WEIGHT:** _____ kg
For MD offices only: **HEIGHT:** _____ inches **WEIGHT:** _____ pounds

- Perform _____ procedure
- Consent for: _____
- Cardiac rehab teaching
- Clip and Prep: _____
- Patient on call to Invasive Lab at: _____
- History and Physical on chart
- Previous angio/CABG records on the chart
- Activity ad lib

- Diet:**
- NPO (except medications)
 - Clear liquid breakfast then NPO except for medications

- IV:**
- Insert 20 gauge IV x 2
 - Hydration is recommended for all patients receiving contrast as follows:**
 - Sodium chloride 0.9% IV at _____ mL/hour at least two hours prior to scheduled procedure
 - The following is recommended for patients with GRF less than 60 mL per minute:**
 - D5W 850 mL + sodium bicarbonate 8.4% 150 mL IV at 3 mL/kg/hour for at least 1 hour prior to scheduled procedure
Maximum rate = 300 mL/hour for the first hour
Reduce rate to 1 mL/kg/hour during procedure and for 6 hours post-procedure (maximum rate = 100 mL/hour)

- Medications:**
- Hold metformin (Glucophage, Metaglip, Glucovance, Avandaryl, Janumet, Actoplus Met, Avandamet)
 - If patient diabetic, contact primary MD for adjustment of diabetic medications
 - Acetylcysteine (Mucomyst) solution 600 mg PO twice daily 24 hours and 12 hours prior to scheduled procedure and twice daily on the day of the procedure
 - Prednisone 50 mg PO 13 hours, 7 hours and 1 hour prior to the procedure
 - Diphenhydramine (Benadryl) 50 mg PO 1 hour prior to the procedure

- Turn heparin off at _____
- Hold enoxaparin (Lovenox) 12 hours prior to the procedure

- Pre-Medication Orders:**
- Clopidogrel (Plavix) _____ mg PO now or on admission

- If not done pre-op:
- CBC, BMP, PT/INR/PTT
 - U/A
 - EKG
 - Results on chart
 - CXR

Prescriber Signature: _____