



Kaleida Health

DOWNTIME	<input type="checkbox"/> Entered into electronic record after downtime
	date _____ time _____
	initials _____

Patient Name _____		
Date of Birth _____	Admission/Visit Date _____	Site _____
Medical Record Number _____	Financial Number _____	
Patient ID Area _____		

**ADULT PRE-CORONARY INTERVENTION ORDERS**

<input type="checkbox"/> Actual <input type="checkbox"/> Estimated	Weight	kg	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated	Height	cm	<b>ALLERGIES:</b>	<i>REFER TO ALLERGY PROFILE/ POWERCHART</i>
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Admit to Service: \_\_\_\_\_ Admit to: \_\_\_\_\_

Diagnosis: **Coronary Artery Disease**

(✓) Check, circle and/or fill in all orders to be implemented as appropriate.

**CONSENTS/RECORDS:**  Acquire patient's previous records  
 Check that signed consent for Percutaneous Transluminal Coronary Intervention (PTCI) [opening a blockage in the arteries of the heart] is in the chart prior to PTCI.

**VITAL SIGNS:**  Every 8 hours

**DIET:**  Cardiac  Nothing by mouth after midnight  Light breakfast  
 Medication:  take  hold  Other: \_\_\_\_\_

**ACTIVITY:**  Out of bed ad lib  Other: \_\_\_\_\_

**INTRAVENOUS (IV) FLUIDS**

Prior to PTCI start IV (avoid wrist if possible) of \_\_\_\_\_ at \_\_\_\_\_ mL/hour

**INTAKE AND OUTPUT:**  Admission Height and Weight  
 Have patient void before transfer to Cardiac Catheterization Lab

**LABS**

*If no labwork in chart, is greater than 2 weeks old, or results are abnormal, draw and send STAT*

- Basic Metabolic Panel (BMP)  Complete Blood Count (CBC) with differential
- Prothrombin Time (PT)/Activated Partial Thromboplastin Time (aPTT)
- Urinalysis (U/A)  Creatine Phosphokinase (CPK)

Platelet count before beginning Eptifibatide (Integrilin), 1 hour after initiation, 4 hours after initiation, 12 hours after initiation, and every 12 hours thereafter until discontinued

**DIAGNOSTICS**

- Chest X-ray STAT if not in chart or greater than 2 weeks old (indication): \_\_\_\_\_
- Electrocardiogram (EKG) in morning of PTCI

**EXISTING MEDICATIONS:**  Complete Powerchart Medication History

**NEW MEDICATIONS**

Antithrombotic Medication

Enteric Coated Aspirin 325 mg by mouth at 0600 or on admission

Anti-Platelet Medication

Eptifibatide (Integrilin) at \_\_\_\_\_ mL/hour intravenous infusion. Date and Time started: \_\_\_\_\_

Hold Eptifibatide (Integrilin) and call MD if platelet count falls below 100,000

NURSING	<input type="checkbox"/> TORB From: _____
	Date: _____ Time: _____
	Signature: _____
	ORDERS NOTED BY RN Date: _____ Time: _____
	Signature: _____

PROVIDER	Date: _____ Time: _____
	Print Name/Stamp: _____
	Signature: _____
	TORB = Telephone Orders Read Back



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ORDERS

Place STAT barcode sticker within this box only on form copy being scanned