



Pre PCI Procedure Orders

Preventing bleeding complications starts with having a well-established pre PCI procedure that includes an order set. The following is an order set that can be used by your institution.

Adapted with permission from the Blue Cross Blue Shield of Michigan Cardiovascular Collaborative (BMC2) Best practice protocols available at (<https://bmc2.org/system/files/private/best-practice-protocols-5-20-14.pdf>)

- Admit to: Pre-Procedure Holding Area.
- Current vital signs include today's weight in kilograms.
- IV access 18 g or larger.
- Diet: NPO
- Confirm or obtain the following lab work within 2 weeks of procedure: CBC, BMP with GFR, PT/INR. PT/INR same day if patient on Coumadin. Notify physician of all abnormal labs.
- BHCG on female \leq 50 yo.
- EKG
- Prep both groins. Palpate and mark pedal pulses bilaterally.
- Pre-Op medications **to be given in Pre-procedure area.**
 - ASA 325 mg
- Clopidogrel 75 mg daily
 - Clopidogrel 600 mg PO x 1
 - Clopidogrel 150 mg PO x1
 - Clopidogrel 300 mg PO x 1
- DC Heparin
- Confirm last dose of Enoxaparin was > 12 hours prior to procedure.
 - Contrast dye allergy pre-medication
 - Prednisone – 50 mg PO, 13, 7, and 1 hour prior to the procedure.
 - Diphenhydramine – 50 mg PO 1 hour prior to the procedure.

Alternate IV protocol if a patient cannot take oral medications:

- Hydrocortisone – 200 mg IV, 13, 7, and 1 hour prior to the procedure.
- Diphenhydramine – 50 mg IM or IV, 1 hour prior to the procedure.
- If Diabetic:
 - Confirm ½ dose long acting insulin given the night before.
 - Metformin held pre-procedure and hold for 48 hours post procedure.
 - Current glucose level.
- Confirm on Statin, Beta blocker and ACE-I/ARB. If not currently prescribed, flag for post procedure initiation.
- Obtain consent for procedure.
- ID those at increased risk for CIN (eGFR < 60).

- 0.9NS (for patients with normal LV function): 1cc/kg for 2 hours prior to the procedure and 3 hours after the procedure

CAUTION: Patients who are at risk for fluid overload should be given less IV hydration and observed carefully for development of heart failure. Patients who are at risk for bleeding complications should be identified.

- Determine contrast threshold at 3 x Creatinine Clearance according to the following formula:
 - Creatinine clearance = $\{(140 - \text{Age in yrs}) \times \text{weight (Kg)} / (\text{creatinine} \times 72)\} \times 0.85$ (if female)**
 - Creatinine clearance x 3 = Contrast Threshold**
 - Contrast Threshold _____**
- Nephrology Consult (consider if eGFR < 30).
- Additional orders