Post PCI Procedure Orders
This worksheet provides a set of post-PCI orders that can be incorporated into an existing PCI protocol.


- **Admit Patient**
  - Primary Diagnosis/Procedure ________________________________
  - Secondary Diagnosis ________________________________________
  - Procedure – Closure Device placed in Left femoral puncture site.
  - Procedure – Closure Device placed in Right femoral puncture site.
  - Procedure – Peripheral Intervention
  - Procedure – Coronary Intervention
  - Procedure

- **Vitals**
  - Vital Signs Progression – Temperature, Pulse, Respirations, Blood Pressure Check: groin for blood or hematoma and foot pulse while sheaths in place an after hemostasis every 15 minutes for 4 times, then every 30 minutes for 2 times, then every 1 hour for 4 times, then every 4 hours.
  - Vital Signs Progression – Temperature, Pulse, Respirations, Blood Pressure Check: pedal pulses every 5 minutes for during sheath removal.

- **Notify Clinician**
  - Temp > 38.5 C
  - Heart Rate > 100 Heart Rate < 40
  - Pulse Ox < 90%
  - SBP > 160 SBP < 90
  - Vascular Complications, (expanding hematoma or bleeding).
  - Chest Pain, and activate the conditional STAT EKG order.
  - Bleeding, of puncture site after deployment of the device and light or manual pressure does not control the bleeding.
  - Platelet count < 100,000 or if count is 20% less than starting value. Stop abciximab if count < 50,000.
  - Hypoxia < 85% and resp rate > 18.
  - Puncture Site Lump > small pea size.

- **Activity**
  - Flat Bedrest – For: 2 hours
  - Type-in Nursing – Massage pad PRN while on bedrest.
  - Bedrest _________ hours
  - Elevate Head of Bed – 30 degrees, while on bedrest and while sheath’s in place.
  - Activity – Stand, 3 hours after venous sheath removal hemostasis.
  - Activity – Stand, 6 hours after arterial sheath removal hemostasis.
  - Ambulate – May begin____________________
Nursing
- Assess – Puncture site by gently palpating with fingertips, use minimal pressure per Sheath Management Guidelines.
- Sheath Removal (See Sheath Removal Protocol)
- Closure Device
  1. Flat Bed Rest for 2 hours.
  2. After 2 hours, elevate HOB 75 degrees.
  3. Ambulate @ __________ am / pm
  4. DO NOT apply pressure dressings, sandbag, clamp or firm manual pressure to puncture site.
  5. Apply light digital or manual pressure to the puncture site for bleeding.
  6. Notify Clinician for bleeding at puncture site after deployment of the device and light or manual pressure does not control the bleeding.
  7. Assess puncture site by gently palpating with fingertips, use minimal pressure every 14 minutes.
  8. Notify Clinician if puncture site lump > small pea size.
  9. Please give patient completed closure device information card before discharge.

Nursing Monitoring/assessment
- Total Fluid Intake
- Intake and Output
- Check – Groin pre and post ambulation

Diet
- NPO
- Diet – Full Liquid. Full Liquid Tray x 1. Active Order – Advance Diet as Tolerated.
- Diet – Conditional Order – Advance Diet as Tolerated.

IV Fluids
- 0.9% NaCl – 1,000 mL IV @ _________ml/hour (1cc/kg/hr), stop after 4 hours
- D5% - 1,000 mL, stop after 6 hours. Infuse at 1.18 mL/kg/hr for 6 hours post-procedure.

Infusions
- Nitroglycerin Infusion UH – IV microgram/minute microgram/minute; Titrate to Systolic Blood Pressure ______ to _______. Re-evaluate in a.m.

<table>
<thead>
<tr>
<th>Units</th>
<th>Microgram/minute</th>
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<tbody>
<tr>
<td>Instructions</td>
<td>Titrate to Systolic Blood Pressure _____ to _______. Re-evaluate in a.m.</td>
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GPIIb/IIIa Drugs (CHOOSE ONE):
- Eptifibatide
- Abciximab
- Tirofiban

Aspirin/Antiplatelet Agent
- Clopidogrel (Plavix) 75 mg orally daily or,
- Prasugrel (Effient) 10 mg orally daily
- Ticagrelor
- Enteric coated Aspirin 325 mg orally daily. Give 1st dose NOW if not given in ED.
- Aspirin contraindicated, REASON:

Beta Blocker
- Beta Blocker __________ Dose __________ Schedule __________
- Beta Blocker contraindicated, REASON:

ACE Inhibitor
- ACE Inhibitor __________ Dose __________ Schedule __________
- ACE contraindicated, REASON:
- Other

Cholesterol Lowering Drug
- Statin __________ Dose __________ Schedule __________
- Other
- Lipid lowering therapy contraindicated REASON:

Smoking Cessation
- Nicotine Patch 14 mg _____ or 22 mg _____ Apply to skin once daily (remove old patch & rotate sides).
- Other

Other Medications
- Diuretic name _______ dose _______ mg  orally or  IV every _________
- Docusate sodium (colace) 100 mg orally twice daily.
- Prochlorperazine (Compazine) 5-10 mg IV push over 5 minutes every 6 hours as needed for nausea/vomiting.
- Maalox 30 ml orally every 4 hours as needed for indigestion.
- Alprazolam (Xanax) 0.25 mg orally every 6 hours as needed for anxiety. May repeat 1 time at bedtime for sleep for total of 0.5 mg.
Acetaminophen (Tylenol) 325 mg, 1-2 tablets orally every 4 hours as needed for discomfort. (Total acetaminophen dose not to exceed 4 grams / 24 hours).

Nitroglycerin 0.4 mg sublingual as needed for chest pain. May repeat every 5 minutes times 3 doses.

Simethicone (Mylcon) 80 mg orally every 4 hours as needed for gas.

Atropine 0.5 to 1 mg IV for symptomatic bradycardia (level of conscious changes / hypotensive / chest pain) maximum dose 0.04 mg/kg.

Tylenol #3 (Acetaminophen 300 mg / codeine 30 mg) 1-2 tablets orally every 4 hours as needed (not to exceed 4 gm / 24 hours).

For codeine allergies, give Darvocet N-100 (Propoxyphene Napsylate 100 mg / Acetaminophen 650 mg 1-2 tablets orally every 4 hours as needed – not to exceed 4 gm / 24 hours).

Ondansetron (Zofran) 2 to 4 mg IV every 4 hours as needed for nausea.

Other medications

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Post Procedure Labs

Post-Procedu (6-8 hours)
- Platelet Count (If on abciximab, 2-4 hours after procedure) Stop abciximab if PLT is < 50,000.
- Troponin Level – Enter collection time 6-8 hours post-procedure.
- Creatine Phosphokinase/CK_MB – Enter collection time 6-8 hours post-procedure.
- POC Activated Clotting Time – per protocol.

AM Labs
- CBCP
- Basic Metabolic Panel
  - A creatinine level should be drawn for all patients at high risk for CIN (Pre procedure Cr >1.5), consider a creatinine level at 72 hours
- Troponin Level
- Creatine Phosphokinase/CK-MB

AM ECG

Radiology
- Portable Chest
- Chest Xray – PA & Lateral

Respiratory
- Oxygen Nasal Cannula UH – Cannula, T, Priority: Routine, Cannula flow titrate to keep patient within SpO2 target range, SpO2 target = 90-94%.