



Post PCI Procedure Orders

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

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 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 – Mechanical Soft. Conditional Order – Advance Diet as Tolerated.
- Diet – Low Cholesterol. Low Cholesterol, No Added Salt (4 Gm). Conditional Order – Advance Diet as Tolerated.
- Diet – Diabetic 1601-2200 Calories. Conditional Order – Advance Diet as Tolerated.
- Diet – Diabetic 2201-2500 Calories. Conditional 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.

Units	Microgram/minute
Instructions	Titrate to Systolic Blood Pressure _____ to _____. Re-evaluate in a.m.



■ 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 (Mylicon) 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-Procedure (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%.