

Pre-Procedure Care Scope Notes

Transportation

- Instruct the family to enter the hospital, via the east main entrance, proceed directly to the information desk and inquire regarding directions.
- The patient is likely to be admitted to one of the following
 - Coronary Care Unit
 - Cardiac Short Stay Unit
 - Cardiology floor
- Located on the 5th floor of the central building

Intravenous Access

- Do not use right wrist or hand for IV site access
- An Intravenous is preferred in the left arm, due to the use of right radial access for cardiac catheterization
 - Increased safety of radial approach is due to the fact that there are no major veins or nerves near the radial artery, therefore minimizing the risk of injury to these structures (Kiemeneji et al, 1995)

Medications ASA & Clopidogrel

- ASA and clopidogrel (Plavix) prevent thrombus formation and are necessary for successful PCI
- It is essential that these medications are ordered unless the patient has contraindications.
- Patients should be advised NOT to discontinue this medication

Metformin

- There have been reports of lactic acidosis in patients receiving metformin and undergoing angiography
- Therefore patients need metformin to be held the day of the procedure and for 48 hours after the procedure
- Resuming Metformin
 - Consult the most responsible physician before restarting metformin
 - For most patients metformin can be resumed 48 hours following the procedure unless there is evidence of acute renal failure

Insulin-Dependent Diabetic

- In order to avoid potential hypoglycemia, the normal A.M. dose of medium to long acting (i.e. NPH) Insulin should be decreased by 50% for patients coming to the catheterization laboratory when they are NPO
- Obtain blood sugar and document on transfer record (glucometer) A.M. of procedure, prior to departure

Anticoagulation

- Warfarin should be stopped 4 days prior to the procedure
- The INR should be ≤ 1.5
- In patients who need to remain on anticoagulants, the use of Intravenous heparin is required

Renal Insufficiency

- Patients with renal insufficiency should be adequately hydrated before and after the procedure
- We suggest 1 ml/kg/hr for 12 hours before and after procedure to total 24 hours
- Urine output less than 30ml per hour may be an indication of acute renal failure
 - Monitor patients intake and output status
 - Electrolytes, urea nitrogen, and creatinine levels should be obtained immediately

Contrast Media Allergy

- These patients require pretreatment with steroid and antihistamine therapy, therapy should be initiated the night before the procedure and continued the A.M. prior to procedure
- We have recommended
 - Methylprednisolone 40 mg IV evening prior to procedure
 - Methylprednisolone 40 mg IV morning of procedure
 - Diphenhydramine (Benadryl) 25 mg po evening prior to procedure

Low Molecular Weight Heparin

- Low molecular weight heparin must be held the A.M. of the procedure.
- The longer half life associated with low molecular weight heparin when compared to IV heparin makes it less desirable in the cath lab setting.
- We cannot routinely measure the anti Xa levels needed to monitor low molecular weight heparin, therefore we are unable to rapidly assess their anti-coagulation status
- Resume use only after consulting with the physician.

Contacting the Interventionalist

- During the hours of 0800-1600 page the PCI Coordinator to locate the Interventionalist.
 - This will prevent delays which can occur if the Interventionalist is in a procedure and can not promptly return your calls
- After 1600 hrs and on the weekend, the Interventionalist can be paged through the hospital switchboard