

**York/Simcoe/Muskoka
Regional Cardiac Standards
PCI (Percutaneous Coronary
Intervention)
Pre- Procedure Care**

1. **Expected: Date of Procedure** _____, **Arrival Time** _____
2. **CCN Referral Form, Completed and Faxed to -1-905-830-5802**
3. **Transport:** To arrive at Southlake Regional Health Centre RN escort if patient requires monitoring
Cardiac Short Stay Unit or CCU, Central Level 5
4. **Allergies** NKA Drugs _____ Latex _____
Patients with specific allergies to Contrast Media requires Physician order (Page 2)

5. **Intake/Nutrition Diet:** ● **Transcribe all black dots as Regional Standards**
I NPO after 2400 hrs. If test is booked for 1000 hrs or later patient may have a light healthy heart breakfast before 0700, then NPO (may take meds with a sip of water)
 Saline Lock (20 Gauge), or IV _____ initiated to **left** arm 3 to 4 inches above the wrist

6. **Medications** (Ensure pt is receiving EC ASA 81 mg or 325 daily and is on Clopidogrel (Plavix))
 Clopidogrel (**Plavix**) 300 mg loading dose Clopidogrel (Plavix) 75 mg po daily and give am of procedure
 EC ASA 81 mg po daily EC ASA 325 mg po daily
 Ensure patient is also receiving, Beta Blocker, ACEI, Statins if not contraindicated.
 If patient is receiving IV Heparin Infusion and is **stable**, may stop infusion on transfer at the time of departure
 Date and time to be stopped ordered by Physician _____
 If patient is **unstable**, **DO NOT STOP** Heparin as infusion will continue during the procedure
 See page two additional management of the diabetic patient with **Diabetes**
 See page two for additional management of the patient taking **Warfarin (Coumadin)**
 See page two for management of patients with **Renal Insufficiency**
 See page two for management of **Allergy to Contrast Media**
I If patient is receiving Low **Molecular Weight Heparin** (Enoxaparin), hold the dose the morning of the procedure
I Patient may have a.m. meds, (except Diuretics)
I Send a copy of the Medication Administration Record with patient and indicate last dose times, documentation of pre-hydration/allergy to contrast media intervention to accompany patient

7. **Procedures:** **I** Ensure shave prep both groins, about 6 inch square both sides
 (done night before) **I** Shave right wrist from thumb to 4 inches above wrist (bracelet shave)
I Give patient/family Regional Information Booklet

8. **Tests:** Fax all relevant information to include, a dictated consult note, CCN referral form, recent blood work and the results of recent non-invasive cardiac investigations to Southlake Regional Health Centre @ 1-905-830- 5802 (ASAP)

If questions, or changes in the patient's condition, please call: PCI Coordinator @ 1-905-895-4521, ext. 2707 (Pager 1229) or after 5:00 pm contact the Interventionalist on call, through the hospital switchboard.

Pt is expected to return within 4-6 hrs following PCI. Send belongings with patient or family.

Date _____ Time _____ Physician's Signature _____ **FAXED TO PHARMACY** _____

Date _____ Time _____ Transcriber's Signature _____ Checked by _____

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1. **Inpatients with Renal Insufficiency** (Elevated Creatinine >120 mmol/L, CrCl <0.9ml/s or 50ml/min)

A. Optimal hydration is required. (Preferred rate 1 mL/kg/hr for 12 hours before and after procedure)

Normal Saline at _____ ml/hr IV start time: _____

½ Strength Saline at _____ ml/hr IV start time: _____

* Note: Evidence shows the use of Furosemide (Lasix) in addition to hydration is **NOT** recommended

B: Hold: * (ACEI), (ARB), (NSAID, Excluding ASA), 2 days before.

* Angiotensin Converting Enzyme Inhibitor (ACEI), Angiotensin II Receptor Blocker (ARB), Non Steroidal Anti Inflammatory Drugs (NSAID) **Physician to Order:**

Hold: _____ Stop Date: _____

Hold: _____ Stop Date: _____

Hold: _____ Stop Date: _____

2. **For Inpatients with Diagnosed Allergies to Contrast Media (Pre-Procedure)**

Methylprednisolone 40 mg IV evening prior to procedure

Methylprednisolone 40 mg IV morning of procedure

Diphenhydramine (Benadryl) 25 mg po evening prior to procedure

3. **For Inpatients on Warfarin (Coumadin), stop 4 days prior to procedure then**

Stop Warfarin on _____

Initiate IV Heparin infusion, Date _____, Time _____, _____

4. **For Inpatients who are Diabetic**

Hold Metformin the day of procedure and for 48 hours after the procedure.

Insulin (many diabetics are instructed to use half the normal dosage of med/long acting (i.e. NPH) insulin)

Glucometer, am of procedure

Date _____ Time _____ Physician's Signature _____ **FAXED TO PHARMACY** _____

Date _____ Time _____ Transcriber's Signature _____ Checked by _____

Copy of this page to accompany patient on transfer to SRHC

Reference Southlake Procedure to Contrast Media, Elevated Creatinine Protocol and Renal Insufficiency, RVH Kare Pathway physician order cardiac catheterization/angioplasty(PCI) Pre-procedure, **September 29, 2005.** Page 2 of 2