BWH Cath Lab

Pre-Procedure:

- Pre-Sedation Note
    - ROS, PE, Mallampati
    - Sedation plan
        - Fentanyl, Versed
- Pre-Procedure Orders
    - Cardiac Cath Pre-Procedure Order Set
        - Access site prep
        - ASA?
            - If pre-op do not need additional ASA
            - Otherwise full dose ASA for LHCs
            - At bottom, additional orders --> “chewable aspirin”
        - If on heparin, must click “stop heparin on arrival to cath lab” option
        - Order for peripheral IV for outpatients
            - If need additional brachial IV for RHC here is where you can request it
- Pre-procedure note
    - HPI
    - PCI Tab
    - PE
    - Assessment and plan

    - Important history points in addition to HPI
        - Prior CABG? If so --> *need op report for anatomy!*
        - Prior Cath? If yes:
            - Stents? Size, type, location
            - Catheters used
            - Access
        - Stress test results
        - Labs – specifically Cr, INR, enzymes
        - Allergies?
            - IV Contrast
                - Pre treated? Typically prednisone 60mg night before and 60mg morning of procedure
                    - In CVRR then gets Benadryl and Pepcid IV prior to procedure
                    - If no prednisone --> benadryl, pepcid, hydrocortisone

            - Aspirin allergy?
                - Been desensitized?

- Access
  - Tend towards right radial if good Allens
  - Prior CABG with LIMA
    - Left radial
  - If LIMA AND attached RIMA:
    - Groin
  - Attached RIMA only
    - Right radial
  - LIMA and L radial artery harvested for CABG
    - Groin
  - Note of prior tortuous radial access in past
    - Other side or groin
  - Blood pressure >10mmHg difference
    - Tend towards side with higher BP
  - Poor Allen's bilaterally
    - Groin
  - For RHC:
    - RHC alone or RHC/Biopsy
      - IJ
      - Groin for biopsy patients with occluded IJ
        - All biopsies are IJ or groin, cannot use brachial for biopsy
    - Right and Left heart cath, no biopsy
      - Can be done radial and brachial (have CVRR place additional IV in brachial for RHC)
    - Any chance of needing CCO
      - IJ

Post-Procedure:

- Inpatients:
  - "Post procedure back to floor" tab
    - "Transfer orders"
    - Resume meds – takes them off MAR Hold
    - Cardiac cath post procedure orders
- Outpatients going home:
  - "Post procedure discharge" tab
    - "Discharge med rec"
    - Modify/resume/stop home meds
    - Prescribe any new meds, otherwise hit "dont prescribe" on meds administered during case
    - Cardiac cath DAY procedure orders
  - DC Order Form

        - Paper form located in cabinet under consents
        - Need fellow/attg on call pagers
        - Any new med directions
    - Patients get added to “PA-Cath” service list in EPIC with brief signout in case we get paged about your patient
        - Procedure done, access, plan

- Outpatient being admitted: (typically IF’s)
    - “Post procedure admit” tab
        - Reconcile home meds
        - Admit orders

- Post procedure orders:
    - Bed rest:
        - If groin:
            - Manual compression – 5hours for 5french, 6hours for 6french
            - Angioseal or Perclose – 2 hours
        - Radial
            - TR band protocol 2 hours
            - No bed rest
        - All order sets will force you to put in how sheath was removed/ what you want for bed rest regardless of access (even IJ)
    - IV fluids?
        - If a lot of contrast or renal insufficiency