



Pre-procedural Cardiac Catheterization guidelines and suggested orders for Inpatients from another facility at Kingston General Hospital

- Confirm eligibility for KGH Same Day Cardiac Catheterization Program
- NPO after a light breakfast.
- IV access is necessary for all patients being transferred to KGH. It is preferred that the IV be in the **left arm if possible.**

Fluid Management

- Routine Patient: IV N/S @ 75 cc/hr. start @ 0600 hours on day of cardiac cath.
- Patient with a history of CHF or poor LV function: hourly IV rate and solution to be ordered at discretion of referring physician. IV _____ @ _____ cc/hr.
- Elevated Serum Creatinine: IV N/S @ 150 cc/hr. start @ 0600 on day of cardiac cath
- Administer Mucomyst 600mg po BID x 4 doses (2 doses the day before cardiac cath, 3rd dose before cath, and the 4th dose after cath).

Diabetes Management

- Metformin: stop 48 hours before cath. usually resumed 48 hrs. after cath.
- Administer morning insulin _____ type of insulin _____ units and infuse 2/3 – 1/3 @ 75 cc/hr.

Anticoagulation Therapy

- If on Coumadin must be discontinued. INR must be ≤ 1.4
- Hold Pradex/Dabigatrin 48 hours before procedure. (Longer if impaired renal function).
- Hold Xarelto/Rivaroxaban 48 hours before procedure. (Longer if impaired renal function).
- Hold Apixaban/Eliquis 48 hours before procedure. (Longer if impaired renal function).
- If patient is receiving continuous heparin infusion and there has been no ischemic discomfort overnight, **stop heparin infusion at 0600 hours the morning of the procedure** and follow up with IV per physician's order. If ischemic event, notify signing physician.
- If patient is receiving low molecular weight heparin (Lovenox/Enoxaparin) hold medication 12 hours before procedure and document last dose given.
- If patient is receiving Dalteparin/Fragmin hold 24 hours before procedure and document last dose given.

Antiplatelet Therapy:

- ASA 81 mg orally once daily and Ticagrelor 180 mg orally loading dose, then 90 mg BID.
- Exceptions:** Patients requiring long term anticoagulation use Plavix, give a loading dose of 600 mg orally, then 75 mg daily.

Exception: patients requiring cardiac surgery

Dye Allergy

- If previous systemic allergic reaction to **contrast dye or shellfish allergy** administer Prednisone 50 mg by mouth the evening prior to angiogram and the morning of angiogram. **Flag chart for DYE ALLERGY.**

Tests required

- CBC, INR, Electrolytes, Urea, Creatinine/GFR, ECG, and Chest x-ray
- Please send any other pertinent information such as prior angiogram/CABG reports, echo reports with referral
- No sedation prior to transport
- Complete Community Hospital Interhospital Transfer form including vital signs, height and weight, isolation needs and all allergies.