Northwestern Medicine®

PHYSICIAN'S PRE-PRINTED ORDERS

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INDICATORS/DIAGNOSIS _____

ALLERGY	REACTION

Ht: _____ Wt: _____

Smoker: ☐ Yes ☐ No

PRE-ANGIO/SPECIAL PROCEDURE ORDERS

Name:	DOB: Home phone: Cell:
Diagnosis:	Scheduled for Date: Time:
ICD-10 Code:	
Procedure (CPT Code):	H&P performed by:
Permit to read:	
NPO six (6) hours prior to procedure. Give medications with small sip of water as instructed by physician.	

LABS & DIAGNOSTICS *(*Required diagnostic tests within 30 day, please place on chart):

Testing ordered	Completed
☐ CBC	
☐ BMP	
☐ PT	
☐ PTT	
☐ Serum HCG (if not menstrual period free for 1 year)	

Stop **warfarin** (COUMADIN) 72 hours prior to angiogram, unless specified by referring physician.

Continue antiplatelets: ☐ Yes ☐ No ☐ Take AM of procedure ☐ Do NOT take AM of procedure

Stop heparin on call to exam, unless specified by referring physician.

Insert intravenous catheter on either upper extremity and start 0.9% normal saline IV at 100mL/hour unless otherwise indicated. All intravenous fluids require extension tubing.
Lidocaine (XYLOCAINE MPF) 10mg/mL (1%) injection 0.25mL, intradermal or transdermal, as needed for pre-procedure IV start.
☐ IV fluids _____ at_____ mL/hour
☐ Insert Saline Lock intravenous catheter on either upper extremity only (no IV fluids to be infused pre-procedure).

For diabetic patients:
- Hold morning dose of insulin and all oral diabetic medications. If on **metformin** (GLUCOPHAGE) or metformin-containing medications, hold for 24 hours.
- Home medications per Pre-cardiac/Interventional Radiology guidelines

Have patient void immediately prior to leaving room for procedure.

Notify physician if patient has history of renal disease or if GFR is less than or equal to 50.

Physician's Name (Please Print)	**Physician Signature**	**ID#**	**Date**	**Time**