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/Elliquis 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.