



Affix Patient Label	
Patient Name: _____	Date of Birth: _____

Coronary CT Angiography Order

Date: _____ Time: _____

(Check boxes to order or fill in blanks as necessary)

Allergies (include type of reaction): _____

Diagnosis: _____ Ordering Physician: _____

Pre-Procedure – Coronary CT Angiography

Procedures:

- CT Coronary Angiography (OP)
- CT Coronary Angiography (IP)

Nursing Care Orders:

- Admit as Outpatient to CPEC.
- Start 18 Gauge IV in antecubital space.
- Contact ordering physician if patient in atrial fibrillation or has frequent ectopic beats or heart block prior to proceeding with pre-test preparation.
- Notify physician if:
 - Heart rate greater than 100bpm
 - Systolic blood pressure less than 90
 - Patient rhythm anything other than sinus rhythm
- If patient having adverse reaction, dyspnea, nausea – do not give Metoprolol (Lopressor®). The supervising physician must be consulted.
- Vitals: Document blood pressure, heart rate, and rhythm prior to administration of IV beta-blockers and every 5 minutes during procedure.

Diet:

- NPO except sips of water with medication.

Other Exams/ Tests:

- ECG monitor

Medications:

- Metoprolol (Lopressor®) injection 2.5-5 mg every 5 minutes PRN, IV push, to maintain heart rate less than 60, for 5 doses (max dose of 25 mg).
- Nitroglycerin 0.4 mg sublingual 3 minutes prior to cardiac CT angiogram.
- NS 50 mL/hour

Post-Procedure – Coronary CT Angiography

Nursing Care Orders:

- Vital signs every 15 minutes times 2.
- Ambulate as tolerated.
- Discontinue IV if systolic blood pressure greater than 90 mmHg.
- Discharge: Patient may be discharged 30 minutes after CT if:
 - No new arrhythmias or ECG changes, heart rate greater than 55 beats per minute, systolic blood pressure within 20 mmHg of baseline and greater than 90 mmHg.
 - No dyspnea, wheezing, symptomatic bradycardia, dizziness, nausea, or itching rash/hives.
- If any of the above symptoms present notify the attending physician.**

Physician/Provider Signature: _____ Date: _____ Time: _____

Time faxed to Pharmacy: _____