

Case Name :
 Year : Bed No. :
 Medical Record No. :

Clinical Pathway Check- List

Day of admission:

(RO2) Cardiac Catheterization Check-Up

Day of discharge :

(RO4) Percutaneous Transluminal Coronary Angioplasty, PTCA

Primary Care Physician :

	Pre operation	Operation Day	Post operation	First day after operation	Second day after operation
Date	month day	month day	month day	month day	month day
Hospital Days	1	2		3	4
consultation				Leave the hospital (Cardiac Catheterization)	Leave the hospital (PTCA)
Examination on PTCA	<input type="checkbox"/> EKG <input type="checkbox"/> CXR, <input type="checkbox"/> CBCDC · PT · PTT · BUN · Cr (stat)	<input type="checkbox"/> GOT · GPT · Na · K · Glucose · Uric acid · Cholesterol · Triglyceride · HDL <input type="checkbox"/> Prepare for the blood : blood type · irregular anti-body	Post-PTCA procedure <input type="checkbox"/> EKG <input type="checkbox"/> PTT	<input type="checkbox"/> BUN · Cr	
manupulation	<input type="checkbox"/> Skin preparation	Cardiac Catheterization_ Coronary Arteriography, CAG PTCA	<input type="checkbox"/> Pull Sheath <input type="checkbox"/> Dressing change	<input type="checkbox"/> Dressing change	
Medication colume	<input type="checkbox"/> Plavix(75mg) ___# po. st.	Pre- Operation <input type="checkbox"/> H/S 1 BT iv <input type="checkbox"/> Aspirin ASA(500mg) ___# po. St <input type="checkbox"/> Clopidogrel(Plavix)(75mg) ___# po. St <input type="checkbox"/> Acetylcysteine(Acteain) 100mg ___pack PO	Post Operation <input type="checkbox"/> Acetaminophen(panamax) (500mg) 1# po prn <input type="checkbox"/> Cephalexin(ulex)(250mg)1# qid(1-3days) PTCA Post operation <input type="checkbox"/> Nitroglycerin (Triddl) 50mg + ___1BT iv run as order <input type="checkbox"/> Heparin 3000u iv push then 25000u + H/S 1 BT iv <input type="checkbox"/> H/S or _____1 BT iv <input type="checkbox"/> LMWH Enoxaparin (Clexane)(60mg/syr), mg SC Q12H for <input type="checkbox"/> 24hrs, <input type="checkbox"/> 48hrs, <input type="checkbox"/> 72hrs, first dosage is given after sheath removal 2 hrs	→ DC → DC	Bring back the rest
Daily Activity allowance	<input type="checkbox"/> No limit action	<input type="checkbox"/> No limit action <input type="checkbox"/> Transfer the patients with wheel-chair or transportation bed	<input type="checkbox"/> Bed rest until pull off Sheath and you can't bend check-up parts. <input type="checkbox"/> Bed rest for 2 hours after operation <input type="checkbox"/> No limit action	<input type="checkbox"/> No limit action	<input type="checkbox"/> No limit action
Diet	<input type="checkbox"/> Low sodium <input type="checkbox"/> No food and drink after midnight	<input type="checkbox"/> No food and drink after breakfast	<input type="checkbox"/> Low sodium		
Standard Nursing Plans		<input type="checkbox"/> Draw a mark and check pulse on	<input type="checkbox"/> Pay attention on daily urine output <input type="checkbox"/> Observe the condition of puncture wound. <input type="checkbox"/> Monitoring BP · HR <input type="checkbox"/> Monitoring patient's blood circulation on distal part of limb. <input type="checkbox"/> Be careful of eating condition <input type="checkbox"/> Assist position <input type="checkbox"/> Dealing with the pain	<input type="checkbox"/> Observe puncture wound	
Hygienic Education	<input type="checkbox"/> Give the sheet of hygienic education <input type="checkbox"/> Explaining check-up notification	<input type="checkbox"/> Preparation before operation (suitable dresses and nothing by mouth)	<input type="checkbox"/> Important wound care rules	<input type="checkbox"/> Guide on wound care <input type="checkbox"/> Notification on discharge	<input type="checkbox"/> Notification on discharge
Discharge plans	<input type="checkbox"/> Evaluation of hospitalization			<input type="checkbox"/> OPD appointment Date: _____	<input type="checkbox"/> OPD appointment Date: _____
RN signature	自 小 大	自 小 大	自 小 大	自 小 大	自 小 大
Over day	M D	M D	M D	M D	M D