Preparing Patients for the Cath Lab

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Disclosures

• None
Preparing Patients for the Cath Lab

• Objectives
  • Proper information for patients
  • Factors to preparation
  • Providing support
Case Study

• 69 year old female
• PMHX: HTN, CAD, high cholesterol
• CC: chest pain with exertion and fatigue
• Positive stress test and is scheduled for cardiac cath

✓Let’s get her ready for her procedure
Documentation

• History and Physical
• DNR status

• Present illness
• Medications
• Indication for appropriate use criteria
• Allergies

Best Practices 2016 SCAI Expert Consensus Statement for Cardiac Cath Labs
Pre Procedure Testing

• Order and review blood work
• EKG
• ECHO
• Stress test
• ABI’s

• Take the time to review these with your patient. And explain that some tests may need to be done on the day of the procedure. Ex. INR, BUN/CR
Allergies

• Contrast Media
  • Prednisone
• Aspirin- desensitization prior procedure or as a staged procedure
• Heparin- HIT
Education, education, education

• Explain the procedure specific to the institution performing the procedure. Everyone does it different.
• Set real expectations. Don’t pacify with false promises.
• Possibly an all day event.
• YOU ARE NOT ASLEEP!!!!!
• There will be some discomfort.
• Home medications
• NPO timing
• Medications post procedure- DAPT, insulin
Education Tools

Website

E-mail
An educated patient is a prepared patient

- When patients are mentally prepared or have real expectations, they are relaxed, pleasant, and have an overall better experience.
- Less sedation
- Few complications or handle complications well.
- Better overall outcomes

*Don’t forget the whole patient……peace of mind goes a long way.*
Let’s protect those kidneys

Chronic renal insufficiency is defined as baseline creatinine >1.5ng/dl

- Check BUN and Creatinine
- Check GFR
- Look at risk factors- age, PMHX
- Last procedure with contrast/timing/scheduling
- What is the baseline renal function?
- Discontinue nephrotoxic drugs
Common complications of contrast exposure associated with increased morbidity, mortality, and cost.
What’s the answer……..Hydration

• Hallmark of therapy is prevention yet preventive strategies remain limited.
• Know your patient’s baseline renal status (H&P is key)
• Left ventricular end-diastolic pressure (LVEDP) guided hydration was associated with a 59 percent reduction in the rate of contrast-induced acute kidney injury (CI-AKI), according to results of the Prevention of Contrast Renal Injury with Different Hydration Strategies (POSEIDON) trial presented on Oct. 25 at TCT 2012 in Miami, Fl. - See more at: http://www.acc.org/latest-in-cardiology/articles/2012/10/23/10/02/poseidon#sthash.gB0vCT2G.dpu
Hydration Policy

• Each facility may have a different policy or approach to hydration
• CrCl vs Creat
• Use an evidence based approach
• Either way research proves that hydration pre and post procedure are needed
• Our policy: Creat of 1.2ng/dl= 2 hours prehydration. Creat >1.3ng/dl= 4 hours prehydration. Rate= 2-3ml/kg/hr if no EF.
Education and Preparation Save Money

Your practice

Start here!

- Cost of physician's time: $3.00/min
- Cost of staff time: $1.00/min
- Clinic days per year: 220 days/year

Estimate savings

30 min/day + 30 min/day = 10,000 min/day

Time saved: 1,000 min/day
Annual savings with Pre-visit Planning: $26,400
A prepared patient is not a scared patient
Thank you!!