



Cardiovascular Laboratory Scheduling

TO BE COMPLETED BY CLINIC PERSONNEL

If you have questions, please contact CV Scheduling 612-775-3295

- _____ 1. **Obtain required Pre-Procedure Labs:** Basic Metabolic Panel, CBC with platelets, liver function test, INR if on Coumadin (**if results will be available in time for the patient's procedure**). Lipids can be obtained **if the patient is fasting**, otherwise test will be obtained when they arrive for their procedure.
- _____ 2. Complete the "Authorization for Disclosure of Health Information" form to obtain medical information from other facilities. Have the patient sign (signature line is at lower left). **Found in Patient Folder*
- _____ 3. Fill out "Facsimile Transmittal Sheet" so that you will have the necessary information when you call to schedule.
- _____ 4. Ensure physician completes the MHI at ANW CV lab orders.
- _____ 5. Ask the patient if they will need transportation help. Van Service is available by contacting 1-800-258-1210.
 - a. Patient will not be able to drive for 24-48 hours after the procedure
 - b. After the procedure, the patient must be accompanied home in the van by a responsible adult.
- _____ 6. After obtaining the necessary information above, call 612-775-3295 to speak with the CV Scheduler.
- _____ 7. Complete Patient Instructions and review with Patient:
 - a. EPIC users: Utilize smart phrase: **mhicvptinstructions** for patient instructions/AVS. Insert applicable data for all *** as well as medications to be held. Remove/delete any instructions that do not apply. *(Since you completed this in EPIC, you may discard generic Patient Instructions included in printable packet)*
 - b. Non EPIC users: Complete Patient Letter/Patient Instructions that is included in printable packet. All blanks need to be filled. You may cross out any instructions that do not apply.
 - c. Review completed instructions with patient and place in Patient Folder. Review additional folder inserts, as needed.
- _____ 8. Fax or scan into Excellian the following information to CV Scheduling at 612-775-3112:
 - a. "Facsimile Transmittal Sheet"
 - b. "Authorization for Disclosure of Health Information" (must be signed by patient)
 - c. "Minneapolis Heart Institute at Abbott Northwestern Hospital Cardiovascular Laboratory Orders"
 - d. "Dear Patient" Instructions Letter (only applicable to Non EPIC sites)
- _____ 9. If the physician's dictation is transcribed locally, call the transcriptionist and request that the transcription is performed STAT. If it is transcribed at the Minneapolis Heart Institute, call 612-863-3928 and request that it is performed STAT.
 - a. If the local transcription is completed on the same day as the clinic visit, please fax to 612-775-3112
 - b. If dictation is completed outside of EPIC, please fax to 612-775-3112.



Patient Label

Cardiovascular Laboratory Orders

TO BE COMPLETED BY PHYSICIAN

Patient Name: _____ DOB: _____ MRN: _____

Diagnosis: _____

1. Select procedure to be performed:

- | | |
|--|--|
| <input type="checkbox"/> Coronary (and bypass graft if present) Angiography | <input type="checkbox"/> Oximetry Series/Shunt Study |
| <input type="checkbox"/> Left Ventriculogram | <input type="checkbox"/> Aortic Valvuloplasty |
| <input type="checkbox"/> LVEDP Only | <input type="checkbox"/> Mitral Valvuloplasty |
| <input type="checkbox"/> Possible Percutaneous Intervention (PCI) | <input type="checkbox"/> ASD/PFO Closure |
| <input type="checkbox"/> Bilateral Heart Cath for Aortic Stenosis | <input type="checkbox"/> Ascending Aortography |
| <input type="checkbox"/> Bilateral Heart Cath for Mitral Stenosis | <input type="checkbox"/> Cardiac Output |
| <input type="checkbox"/> Bilateral Heart Cath for Constrictive/Restrictive Disease | <input type="checkbox"/> Myocardial Biopsy |
| <input type="checkbox"/> Other _____ | |

2. Other procedures/consults? _____

3. Special scheduling instructions? (e.g. day or week, MD to perform, MD to follow in hospital, etc.)

4. Does patient have a history of allergy to iodinated contrast agents? YES NO

Pre-medication regimen:
Prednisone 60 mg night before procedure
Prednisone 60 mg morning of procedure

5. Is the patient diabetic? YES NO

If yes, please contact primary care provider for medication dosing

6. Does the patient require IV hydration for renal protection? YES NO

7. Does the patient take Coumadin®? YES NO

If yes, INR needs to be drawn within 3 days prior to procedure.

- **If INR is less than 3.0, do not stop Coumadin.**
- **If INR is 3.0 or greater, contact MHI Triage at 612-863-3900 for further instructions.**

8. Does the patient taking a direct oral anticoagulant (DOAC)? YES NO

If yes, please reference MHI Periprocedural Anticoagulation Guidelines and instruct patients accordingly

9. If scheduled for a coronary angiogram, please start daily Aspirin 325 mg if not already prescribed.

10. Does the patient have an allergy to aspirin? YES NO

If yes, patient must be desensitized prior to procedure.

11. Has the patient had any previous studies (bypass, coronary angiogram)? YES NO

If yes, date/location: _____

Signature: _____

Minneapolis Heart Institute Periprocedural Oral Anticoagulation Guidelines for Cath Procedures

(updated 2/10/2017 – contact: emmanouil.brilakis@allina.com)

PROCEDURE	ANTICOAGULANT	ELECTIVE	EMERGENT
Right heart catheterization	Warfarin	Can be done without stopping warfarin if INR <3.0	Can be done without stopping warfarin
	DOAC*	Can be done without stopping DOAC	Can be done without stopping DOAC
Left heart catheterization (such as coronary angiography and PCI)	Warfarin	Can be done without stopping warfarin if INR <3.0	Can be done without stopping warfarin
	DOAC*	Stop DOAC before procedure (see below Table)	Can be done without stopping DOAC
CTO PCI, PCI with hemodynamic support, Complex PCI	Warfarin	Stop warfarin – INR should be <1.6**	Can be done without stopping warfarin
	DOAC*	Stop DOAC before procedure (see below Table)	Can be done without stopping DOAC
Endomyocardial biopsy	Warfarin	Stop warfarin – INR should be <1.6**	Can be done without stopping warfarin
	DOAC*	Stop DOAC before procedure (see below Table)	Can be done without stopping DOAC

*DOAC: direct oral anticoagulants: dabigatran, rivaroxaban, apixaban, edoxaban

**Biopsy with higher INR will be considered on a case by case basis for transplant patients after ≥3 months from transplantation

How long to stop a DOAC before a cath procedure

Direct Factor Xa Inhibitors	Days to hold
Apixaban (Eliquis)	2 days
Edoxaban (Savaysa)	
Creatinine clearance: 50-95	2 days
Creatinine clearance: 15-49	3 days
Rivaroxaban (Xarelto)	
Creatinine clearance: ≥ 50	2 days
Creatinine clearance: 15-49	3 days
Direct Thrombin Factor IIa Inhibitor	Days to hold
Dabigatran (Pradaxa)	
Creatinine clearance: >80	2 days
Creatinine clearance: 50-79	3 days
Creatinine clearance: 30-49	4 days
Creatinine clearance: 15-29	5 days

Creatinine clearance calculator: <http://www.mdcalc.com/creatinine-clearance-cockcroft-gault-equation/>

References

http://akn.allina.com/content1/groups/patient-care/@akn-pharmacy/documents/patient_care_documents/243996.pdf

http://akn.allina.com/content1/groups/patient-care/@akn-pharmacy/documents/patient_care_documents/243992.pdf



MINNEAPOLIS
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AllinaHealth
ABBOTT
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HOSPITAL

FACSIMILE TRANSMITTAL SHEET

To: ANW Cardiovascular Lab Scheduling		From:	
Fax: (612) 775-3112		Sender's Phone/Fax:	
Patient Name:		DOB:	
Allina MR# (if known):		Primary Phone #	
Primary MD (PCP):		Secondary Phone #	
Cardiologist:			
Allergies to Contrast Dye?		Latex?	
Special Needs: Diabetic, On Coumadin®, Renal Insuff, Other:			

To schedule a patient for a cardiovascular procedure at Abbott Northwestern Hospital, we request that you obtain the following diagnostic test results and information. Please fax or scan into Excellian as soon as possible (24 hours before procedure).

Diagnostic Test/Information	Timeframe	Date Obtained	Scanned in Excellian (Y/N)	Faxed (Y/N)
EKG	Within 14 days of procedure			
Basic Metabolic Panel	Within 14 days of procedure			
CBC with Platelets	Within 14 days of procedure			
INR (if on Coumadin®)	Most recent			
Fasting Lipid Profile	Obtain if patient is fasting or send values if in last 30 days			
AST (SGOT) / ALT (SGPT)				
Signed "Authorization for Disclosure of Health Information"				
Please fax other recent available test results if <u>not</u> in the Allina System (e.g. ECG, Echo, Stress Test, Carotid U/S)				
Transcribed H&P, if available	30 days			
Previous Coronary Angio/Stent & By-pass Surgery?				
1. Date	Location:	City	State	Hospital
2. Date	Location:	City	State	Hospital
3. Date	Location:	City	State	Hospital
Notes:				



Payment/Co-Insurance Notice

Outpatient Heart Procedures

May Include: Ablation, Angiography, Angioplasty and Stenting, Cardiac Catheterization, Implantable Cardioverter Defibrillator and Pacemaker Insertions

- After your heart procedure, your doctor may want you to stay in the hospital overnight for care. This care is known as Outpatient Services.
- Allina Hospitals are required by the government and insurance companies to assign patients to the appropriate billing level. Patient billing levels include Inpatient and Outpatient.
- Your billing level is important for your insurance coverage. Insurance plans may have different coverage levels for observation and Outpatient Services.

Questions & Answers:

Will this affect the care I receive from the hospital?

No. Your health care team will give you the same care regardless of your billing level.

Will my insurance cover an Outpatient Service?

If Medicare is your main insurance, Outpatient Services are covered under Medicare Part B. Each insurance plan has its own payment requirements for Outpatient Services.

Will I have to pay for some of my care?

- You may have out-of-pocket fees (such as copays, deductibles, and medicine charges) regardless of your insurance plan
- If you have general questions regarding Medicare you can call 1-800-Medicare (1-800-633-4227)
- If you have questions regarding your private or supplemental insurance please call the insurance company
- If you have any other questions related to payment/co-insurance, call patient financial services at 612-863-4385



Dear Patient:

This confirms your _____ procedure
scheduled on _____ at Abbott Northwestern Hospital.

- **Check-in at the Heart Hospital registration desk at _____ am/pm**, located within the clinic's Family Care Center, on the 2nd floor of the Heart Hospital, off the skyway (next to the Skyway Café). You will be directed to the CV Prep and Recovery area on the 3rd floor to be prepped for the procedure.
- **Do not eat any solid foods after _____ am/pm.** (8 hours prior)
Solid foods include light meals such as toast and oatmeal, liquids with dairy products, yogurt, juice with pulp and candy should be held for 8 hours prior to your arrival time.
- **You may drink clear fluids until _____ am/pm.** (2 hours prior)
Clear fluids include water, black coffee, clear hard candies and chewing gum. Clear fluids are ok until 2 hours prior to your arrival time. Do not drink alcohol.
- **You may take your medications with a sip of water.**
- **If you chew tobacco, stop 6 hours prior to your arrival time.**

In preparation of your procedure:

- Arrange to have **a responsible adult drive you to and from your procedure.** This person will need to stay with you for 24 hours after your procedure.
- **Drink 4-6 eight ounce glasses of water the day before your procedure** to help protect your kidneys.
- **If you take Coumadin**, have your INR check with your local MD 3 days prior to your procedure.
 - If your INR is 3.0 or higher, call for instructions. 612-863-3900.
 - If your INR is less than 3.0, DO NOT stop taking your Coumadin.
- **If you take medicine to prevent blood clots, such as Pradaxa, Eliquis, Xarelto or Savaysa**, follow physician instructions about **when to stop** prior to your procedure.
 - Current Medication: _____
Stop taking medication _____ days prior to procedure
 - Not Applicable

- **Take 1 full strength Aspirin (325 mg) the morning of your procedure.**
- **If you are allergic to Aspirin, please notify your cardiology provider immediately.** Your procedure may need to be rescheduled after desensitization. 612-863-3900.
- **If you have a history of a reaction to contrast dye,** you will need to be pretreated prior to arriving. Please contact your cardiology provider for a prescribed treatment. **Your procedure may be cancelled if you are not treated prior to arrival.**
- **If you are diabetic, do not take any oral diabetic pills the morning of your procedure.** If you take insulin, non-insulin injectable medicines or both, please contact your primary provider who manages your diabetes for instructions before your procedure.
- **Do not take the following medications the morning of your procedure:**
 - _____
 - _____
 - _____
 - _____
 - _____
 - Do not use medicines for erectile dysfunction for 2 days prior to procedure. If you take Revatio to treat high blood pressure, you may continue taking this medicine.
- **You may take your other morning medications with a sip of water.**
- **Complete the Admission Questionnaire** and bring it with you on the day of your procedure to expedite your admission process.

You have been given a scheduled arrival time, but we ask you to understand that there may be delays prior to the start of your procedure. Please plan to spend your day with us. It is a good idea to bring a good book, newspaper, laptop, iPod, iPad, or deck of cards to pass the time.

If you have any questions, please contact the Minneapolis Heart Institute Triage nurse at 612-863-3900.

Best Regards,

Minneapolis Heart Institute Interventional Cardiology
Abbott Northwestern Hospital