



Cardiovascular Procedural Scheduling

(New Ulm, Northfield, Mora, Burnsville, Lakeville)

To be completed by Outreach Nurse

1. Obtain Procedural Scheduling Folder
2. Print online Cardiovascular Procedural Scheduling paperwork
**Link available on inside cover of Procedural Scheduling Folder*

To be completed by Physician

3. MHI physician (MD) or advanced practice provider (APP) completes the MHI at ANW “**Cardiovascular Procedural Orders**” sheet
4. MHI MD or APP enters all orders (in Epic) for pre procedure blood work. (BMP, CBC with platelets, liver function tests, INR **if on Coumadin*)
**All lab work should be entered under Ordering Physician for resulting purposes.*

To be completed by Outreach Nurse

5. Send patient education form home with patient (“Dear Patient” letter) in Folder
 - This letter will remain blank
 - Notify patient that they will receive a phone call from ANW to schedule their procedure and review and complete the information in this letter.**Ask patient to have this letter available for the phone call.**

To be completed by Scheduler or Outreach Nurse

6. If the patient has any non-Allina medical testing/procedure results, complete the “**Authorization for Disclosure of Health Information**” form to obtain medical information from other facilities and allow transfer of information to MHI at ANW for continuation of care.
 - Have the patient sign (signature line is at lower left) **Located in Folder*
7. Fax the Disclosure Form (if applicable) and completed “Cardiovascular Procedural Orders” form to ANW CV lab scheduling at 612-775-3112
***A procedure cannot be scheduled until the order form is completed.**
8. Call ANW CV lab scheduling at 612-775-3295 to alert the schedulers that a patient needs to be scheduled. You will be asked to provide the best contact phone number to reach the patient.

To be completed by MHI/ANW Staff

9. MHI/ANW CV lab schedulers will initiate the ANW Pre OP RN to contact patient within 48 hours. At this time, they will:
 - Schedule CV procedure
 - Provide patient education of recommended procedure
 - Direct patient to primary care provider for diabetic regimen prior to procedure
10. MHI/ANW CV Lab will contact ordering/local clinic to schedule pre-procedure labs
**Defined diagnostic testing needed, orders for respective procedure, and time line that they are to be performed will be provided by ANW*
11. Ordering clinic will schedule blood work appointments locally and contact patient.



Patient Label
Patient Name: _____
DOB: _____
MRN: _____

Cardiovascular Procedural Orders

TO BE COMPLETED BY PHYSICIAN

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"/> Right Heart Cath | <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, same day discharge, 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 UNKNOWN Last Creatinine _____,

Date _____

7. Does the patient take Coumadin®? YES NO

If yes, INR needs to be drawn within 3-5 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



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

* Place in the Procedure Scheduling Folder to be sent home with patient.
Abbott Northwestern Hospital will contact patient directly to review instructions.



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ABBOTT
NORTHWESTERN
HOSPITAL

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 3-5 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