

CONFIRMATION OF CARDIAC CATHETERIZATION BOOKING and CHECKLIST

To: Dr.

Re:

Referral information was received and your patient is scheduled for cardiac catheterization

Date: _____ at TGH / TWH by _____ (Cathing MD).

A letter confirming this date has been sent to your patient.

Please ensure that the following documentation is forwarded to the Cardiac Triage Office one week prior to the scheduled cath date.

DOCUMENTATION REQUIRED

SENT

- | | |
|--|-------|
| _____ Recent Consult Note | _____ |
| _____ Detailed note of previous bypass surgery or angioplasty +/- stents | _____ |
| _____ Bloodwork within 90days of cardiac catheterization | _____ |
| Please provide: Complete Blood Cell Count, Electrolytes, Creatinine, Blood Sugar | |
| NOTE: provide International Normalized Ratio for patients with liver disease and Congestive Heart Failure. | |
| <i><u>For patients on oral anticoagulation, please see next paragraph</u></i> | |
| _____ Patient on Anticoagulation? Referring physician to complete attached questionnaire and fax to Cardiac Triage Office as soon as possible. | _____ |
| _____ ECG, baseline within 90days of cardiac catheterization | _____ |
| _____ Stress test and/or perfusion scan if available | _____ |
| _____ Echocardiogram if available | _____ |
| _____ <u>Patient Diabetic?</u> For patients with normal renal function, inform patient to hold Metformin day of procedure and re-start 48 hours post procedure. Other oral hypoglycemics should be held morning of procedure. Half the usual dose of long acting Insulin should be administered a.m. of procedure. Short acting Insulin should be held until the patient is eating. | |
| _____ <u>Dye Allergy?</u> Please prescribe three doses of Prednisone 50mg po. Two doses to be taken the day before procedure, in a.m and p.m and one dose to be taken in a.m, on day of procedure. | |
| _____ <u>Creatinine > 150 umol/L?</u> Please have patient follow-up with family physician 3 days following procedure for repeat creatinine and electrolytes. | |

Thank you for your assistance.

Cardiac Triage Office

Phone: 416 340 5184 Fax: 416 340 3788