

**CARDIAC CATH /CATH POSSIBLE/ PTCA**

PATIENT: \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

**PLEASE REPORT TO THE ASPIRUS HEART & VASCULAR INSTITUTE / EAST ENTRANCE OF THE ASPIRUS WAUSAU HOSPITAL. Due to emergencies and changes in scheduling, your procedure may, unfortunately, be earlier or later than the time originally scheduled.**

1. You should have **nothing to eat or drink after midnight** the night before your procedure.
2. **MEDICATIONS:**
  - a. If you are taking Coumadin/warfarin you will need to stop taking for \_\_\_\_\_ full days prior to your procedure. **Last dose on \_\_\_\_\_.**
  - b. If you are a **DIABETIC** and taking the following medications:  
INSULIN: Take \_\_\_\_\_ of the usual dose of insulin in the morning of your procedure.  
GLUCOPHAGE/ METFORMIN or GLUCOVANCE, Do not take the morning of your procedure.
  - c. Do not take **DIURETIC (WATER PILL)** \_\_\_\_\_ the day before and morning of your procedure. **Last dose \_\_\_\_\_.**
  - d. Do not take **ACE inhibitor** \_\_\_\_\_ the day before and morning of your procedure. **Last dose \_\_\_\_\_.**
  - e. **Continue to take all of your other medications, including your Aspirin, with a small amount of water as scheduled and bring them to the hospital in their pharmacy containers.**
3. Bring an overnight bag in the event that an overnight stay becomes necessary.
4. **ARRANGEMENTS** need to be made for someone to **DRIVE** you home from the hospital and a responsible person to stay with patient 12 hours after release from hospital.

**NO DRIVING FOR 48 HOURS AFTER CATH**

**PLEASE HAVE THE FOLLOWING PRE-OP TESTING COMPLETED AS SCHEDULED:**

EKG \_\_\_\_\_

CHEST XRAY \_\_\_\_\_

LABS \_\_\_\_\_

OFFICE VISIT \_\_\_\_\_

If you have any questions concerning your cardiac catheterization, please call **PROCEDURE SCHEDULING** at Aspirus Cardiovascular Associates at (715) 847-2611 or (800) 441-4013 extension **\*52610**.