



# GATEWAY CARDIOLOGY, P.C.

## PRE-ADMITTANCE OR PRE-PROCEDURE: INSTRUCTIONS AND INFORMATION

PROCEDURE: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

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

REPORT TO: \_\_\_\_\_

### **PLEASE BRING THE FOLLOWING ITEMS WITH YOU TO THE HOSPITAL:**

- 1.) BRING **ALL** MEDICATIONS BOTTLES/CONTAINERS THAT YOU ARE CURRENTLY TAKING, AS WELL AS THE MILLIGRAMS AND DOSAGE INSTRUCTIONS
- 2.) PLEASE HAVE SOMEONE AVAILABLE TO DRIVE YOU HOME. YOU WILL **NOT** BE ALLOWED TO DRIVE YOURSELF.
- 3.) IF YOU ARE ALLERGIC TO ANY FOODS OR MEDICATIONS, PLEASE BRING A LIST WITH YOU.
- 4.) WHEN REGISTERING AT THE HOSPITAL, PLEASE PROVIDE THEM WITH THE NAME AND PHONE NUMBER OF YOUR PRIMARY CARE PHYSICIAN SO THAT RESULTS OF YOUR TEST MAY BE SENT TO HIM/HER
- 5.) YOUR INSURANCE CARDS. THE HOSPITAL WILL MAKE COPIES FOR THEIR BILLING OFFICE.

### **GENERAL INSTRUCTIONS:**

- 1.) IF YOUR APPOINTMENT IS SCHEDULED IN THE MORNING, YOU SHOULD HAVE NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE. YOU MAY TAKE YOUR REGULAR MEDICATIONS WITH A VERY SMALL SIP OF WATER. IF YOU ARE DIABETIC, PLEASE SEE SPECIAL INSTRUCTION INFORMATION. IF YOUR PROCEDURE IS SCHEDULED FOR THE AFTERNOON, THE NURSE MAY INSTRUCT YOU TO HAVE A CLEAR LIQUID BREAKFAST (JUICE, BROTH, JELLO).
- 2.) IF YOU ARE UNDERGOING TRANSESOPHAGEAL ECHOCARDIOGRAM, YOU SHOULD **NOT** EAT OR DRINK AFTER 12:00 MIDNIGHT FOR THE EXCEPTION OF YOUR REGULARLY SCHEDULED MORNING MEDICATION WITH A SMALL AMOUNT OF WATER

### **SPECIAL MEDICATION INSTRUCTIONS:**

IF YOU ARE TAKING **COUMADIN** (BLOOD THINNER), YOU MUST DISCONTINUE TAKING THE MEDICINE AS OF \_\_\_\_\_ PRIOR TO HAVING THE CARDIAC CATHETERIZATION, ANGIOPLASTY, AND/OR PACEMAKER INSERTION. THE ONLY EXCEPTION TO THIS WOULD BE IF YOU HAVE HAD A PREVIOUS STROKE OR IF YOU HAVE A HEART VALVE.

### **ALLERGIES**

IF YOU ARE ALLERGIC TO IODINE, SEAFOOD, AND/OR SHELLFISH, AND YOU ARE HAVING A CARDIAC CATHETERIZATION AND/OR AN ANGIOPLASTY, YOU WILL NEED TO BE PRE-MEDICATED PRIOR TO THE PROCEDURE WITH THE FOLLOWING MEDICATIONS:

<b>PREDNISONE</b>	– 20MG SHOULD BE TAKEN 3X A DAY ONE DAY PRIOR TO THE PROCEDURE. THIS DRUG MUST BE CALLED INTO YOUR PHARMACY FOR YOU.
<b>BENADRYL</b>	– 25MG SHOULD BE TAKEN 3X A DAY PRIOR TO PROCEDURE. THIS MAY BE OBTAINED OVER-THE-COUNTER.
<b>PEPCID</b>	– 20MG SHOULD BE TAKEN 2X A DAY ONE DAY PRIOR TO THE PROCEDURE. THIS ALSO MAY BE OBTAINED OVER-THE-COUNTER.



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**PREADMITTANCE & PROCEDURE**  
**INSTRUCTIONS AND INFORMATION**

**INSTRUCTIONS FOR PATIENTS WHO ARE DIABETIC:**

THE FOLLOWING DIABETES MEDICATIONS **SHOULD NOT** BE TAKEN 48 HOURS PRIOR TO THE SCHEDULED PROCEDURE.

<b>GLUCOPHAGE</b>	<b>GLUCOVANCE</b>
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PATIENTS ON INSULIN SHOULD ONLY TAKE ONE-HALF OF THEIR NORMAL DOSE THE MORNING OF THE TEST.

**INTSTRUCTIONS FOR PATIENTS WHO ARE TAKING THE FOLLOWING**  
**MEDICATIONS:**

PATIENTS TAKING THE MEDICATIONS LISTED BELOW **SHOULD NOT** TAKE STATED MEDICATIONS THE EVENING PRIOR AND MORNING BEFORE THE SCHEDULED PROCEDURE.

<b>ACTOS/PIOGLITAZONE</b>	<b>GLYBURIDE</b>
<b>AMARYL/GLIMEPIRIDE</b>	<b>GLYNASE</b>
<b>AVANDIA</b>	<b>GLYSET/MIGLITOL</b>
<b>AVANDIA/ROSIGLITAZONE</b>	<b>MICRONASE</b>
<b>MALEAK</b>	
<b>CHLORPROPAMIDE</b>	<b>PRANDIN/REPAGLINIDE</b>
<b>GLIPIZIDE</b>	<b>PRECOSE/ACARBOSE</b>
<b>GLUCOTROL</b>	<b>STARLIX/NATEGLINIDE</b>

IF YOU HAVE ANY QUESTIONS REGARDING YOUR PROCEDURE, PLEASE FEEL FREE TO CONTACT OUR OFFICE AND ASK TO SPEAK WITH THE NURSE. SHE WILL BE HAPPY TO ASSIST YOU WITH ANY CONCERNS. SHE CAN BE REACHED AT (314) 729-0088.