

CARDIAC CATHETERIZATION PCI RISK ADJUSTED METHODOLOGY LEVEL OF CARE SCREENING TOOL

OUTPATIENT	OBSERVATION	INPATIENT
<p>Acceptable to use Outpatient:</p> <ul style="list-style-type: none"> • For routine preparation or preoperative screening for cardiac catheterization. • For routine post procedure care and monitoring. • When routine post procedure care extends overnight. • When the patient remains overnight for additional outpatient testing. • When the patient remains overnight for convenience reasons, such as distance to home or transportation not available until in the morning. • When the patient reports to the hospital the day before the procedure or remains overnight for the convenience of the physician. 	<p>Acceptable to use Observation:</p> <p>In situations where additional monitoring and evaluation is required post procedure that is not a routine part of the recuperation period for the cardiac catheterization. Examples may include:</p> <ul style="list-style-type: none"> • New Arrhythmias • Excessive Bleeding/Hematoma/ Pseudoaneurysm. • Concern over circulation in the limb used for catheterization. • Fluid or electrolyte imbalance. • Uncontrolled pain. • Additional monitoring or treatment due to renal insufficiency. • Delayed recovery from anesthesia. • Hypertension/Hypotension • Uncontrolled vomiting. 	<p>Acceptable to admit to Inpatient:</p> <ul style="list-style-type: none"> • If the patient has complications and/or comorbidities that make inpatient admission appropriate, such as: <ul style="list-style-type: none"> • Acute MI • New onset unstable angina. • S/P cardiac arrest. • Embolic event. • Ventricular ectopy, or other life threatening arrhythmias, that require cardiac monitoring. • Markedly abnormal exercise test (ST elevation, >2mm of ischemic ST segment depression, exercise induced hypotension >10mm Hg systolic appearing with ST segment shifts, arrhythmias or chest pain) suggesting left main coronary artery disease. • Functional class III or Class IV valvular disease. • Renal insufficiency requiring intensive monitoring and administration of intravenous medication and/or hydration before and after catheterization procedure. • If the patient did not meet criteria for inpatient admission prior to catheterization, but catheterization revealed one or more of the following: <ul style="list-style-type: none"> • Proximal LAD lesion > 50% • 50% or greater left main cross sectional narrowing. • Ejection fraction less than 30% • If there is a need to perform further interventions that require acute inpatient admissions soon as possible, such as PTCA, stent or CABG.

FOR ALL LEVELS OF CARE DOCUMENTATION CONSIDERATIONS:

- An order must be written reflecting the level of care.
- If the level of care changes a new order is required.
- Documentation of the rationale for the level of care selected must be supported with appropriate decision making.

Scheduled Cardiac Cath

