10 Bed Beta-Blockade: Cardiac CT Angiography:

Scott Reeder, MD, PhD #6713

1. CTA scheduled at . Patient arrives on at

2. Patient preparation:

a. Diet: NPO until after CTA

b. Urine pregnancy test needed: Yes No

c. Creatinine (pre- CTA): Yes No if results Cr. > 1.5 or GFR < 60mL/min – call Physician

- d. Initiate Telemetry
- e. Start IV: 18 gauge or larger; antecubital or similarly large vein. Place 3-way high pressure stopcock at hub and heparin/saline lock. No extension tubing.
- 3. Medication administration
- a. Metoprolol (oral): 1 -2 hours before CTA, if resting heart rate is ≥70 bpm, give 100 mg
 PO x1. If HR 60-69 bpm, give 50 mg PO x1 Do not give oral Metoprolol if HR < 60 bpm.
- b. Metoprolol (IV): if 30 minutes prior to CTA, the resting heart rate remains above 64 bpm, then give IV Metoprolol administered in 5mg increments every 5-7 minutes until HR of <64 bpm is achieved or total dose of 25mg IV is reached.</p>
- c. Nitroglycerin: 0.4mg given sublingually within 3-10 min. prior to CTA. Not given if systolic b.p. is <100mmHg or if patient has had previous intolerance.

4. Vita	ıl signs are to be recorded:		
	n arrival to prep area.		
b. afte	r oral metoprolol administration, every 15 minut	es	
c. afte	r IV metoprolol administration, every 5 minutes		
Post C	Post CTA:		
5. Pat	ient will return to 10-Bed. If metoprolol was give	n, patient will be observed with vital	
sign checks every 15 min. for minimum of 60 minutes following last oral dose of Metoprolol			
6 Die	t: resume regular diet, encourage fluids.		
7. Dis	charge Instructions:		
Physicia	an Signature	Date & Time	