Updated 5/7/2026

Cardiac CTA Pre-Procedure Nurse Driven Beta-Blocker Ordering Protocol

Purpose: To support attaining optimal heart rate control for patients who are undergoing cardiac CTA (cCTA) scan at NJH.

Scope: All patients scheduled for cCTAs at NJH.

Protocol:

Via a phone call prior to the scheduled cCTA RN will assess for the need for beta blocker orders. Contraindications to beta-blockers include:

- Severe aortic stenosis
- Severe COPD or severe asthma
- Acute bronchospasm or wheezing
- Decompensated CHF or pulmonary edema
- Systolic blood pressure less than 100mmHg
- Allergy or previous intolerance to beta-blocker
- 2nd or 3rd degree heart block or other conduction abnormalities

If there are no contraindications to beta-blockers and:

HR is 60 beats per minute or less: Do not initiate an order for oral Metoprolol.

HR is 61-70 beats per minute: RN may initiate order per protocol for oral Metoprolol tartrate 25mg. RN to educate patient to take first dose 8-16 hours before the cCTA and the second dose 2 hours prior to the scheduled cCTA.

HR is 71-85 beats per minute: RN may initiate order per protocol for oral Metoprolol tartrate 50mg. RN to educate patient to take first dose 8-16 hours before the cCTA and the second dose 2 hours prior to the scheduled cCTA.

HR is > 85 beats per minute: RN may initiate order per protocol for oral Metoprolol tartrate 100mg. RN to educate patient to take first dose 8-16 hours before the cCTA and the second dose 2 hours prior to the scheduled cCTA.

For patients with a systolic blood pressure < 100mmHg: Ivabridine 15 mg by mouth two hours prior to coronary CTA.

This protocol aligns with the Cardiac CTA Standard Procedure and serves as a nurse-driven order set under approved clinical guidelines. If the ordering provider puts in their own orders for beta-blockers those orders should be used instead of the protocolized order set above.