

UMC Health System CARDIO PRE EP IMPLANTABLE DEVICE PLAN	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Admit/Discharge/Transfer

Request for Outpatient Services (Request Cardiac Outpatient Services)
 Location: Cath Lab

Condition/Status

If this patient is an OUTPATIENT, you MUST place the Code Status order below:
Code Status
 Code Status: Full Code Code Status: DNR/AND (Allow Natural Death)
 Code Status: Care Limitation

Cath Lab Procedure
 T;N, Pacemaker/AICD/BI-V Insertion/Revision T;N, Other Procedure

Patient Care

Continuous Pulse Oximetry

Continuous Telemetry (Intermediate Care)

Weigh Patient One Time Order
 Record weight and height in the chart

Patient Activity
 Up Ad Lib/Activity as Tolerated

Betadine 10% Nasal Antiseptic Swab
 ONE TIME, Swab Bilateral Nares 1 hour before procedure

Insert Urinary Catheter
 To: Dependent Drainage Bag, Reason for Insertion: Selected surgical procedures, if patient unable to void prior to pre-medicating

POC by Nursing

POC ACT
 T;N

POC Blood Sugar Check
 T;N

POC Chem 8
 T;N

POC Hemoglobin and Hematocrit
 T;N

POC PT with INR
 T;N

Communication

If patient has allergy to dye, then order Contrast PreMedication Allergy Protocol.

Notify Provider (Misc)
 Reason: dye allergies

TO Read Back Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



CONTRAST ALLERGY PREMEDICATION PROTOCOL

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	To be given 13 hours before study with contrast. methyIPREDNISolone <input type="checkbox"/> 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 13 hours before study with contrast. Premedication for contrast allergy.
	To be given 7 hours before study with contrast. methyIPREDNISolone <input type="checkbox"/> 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 7 hours before study with contrast. Premedication for contrast allergy.
	To be given 1 hour before study with contrast. methyIPREDNISolone <input type="checkbox"/> 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 1 hour before study with contrast. Premedication for contrast allergy.
	diphenhydrAMINE <input type="checkbox"/> 50 mg, IVPush, inj, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

