CARDIO PRE EP IMPLANTABLE DEVICE PLAN

Patient Label Here

	PHYSICIAN ORDERS			
Weight	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			
OKDEK	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: Full Code 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			
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan			
Order Take	n by Signature: Date Time			
Physician Signature: DateTime				

CARDIO PRE EP IMPLANTABLE DEVICE PLAN

Patient Label Here

	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			
	Notify Provider (Misc) Reason: if H&P is not on the chart			
	Notify Provider (Misc) T;N, Reason: report last dose of anticoagulant, antiplatelet, and/or insulin.			
	Notify Provider (Misc) Reason: of creatinine greater than 2.0 mg/dL			
	Notify Provider (Misc) Reason: of INR greater than 1.5			
	Pre-Op Patient Pre-Op For EP Device, Clip hair from chin to navel. If a change out, prep groin for possible temporary pacemaker insertion.			
	Instruct Patient Instruct Patient On: Other Take the following medications the morning of procedure, with a sip of water, Please take:			
	Notify Provider/Primary Team of Pt Admit Notify: Outpatient CV Fellow, Now			
	Notify Provider/Primary Team of Pt Admit Now			
	Obtain Consent Consent for: Implantation/replacement of pacemaker (single/dual/triple chamber) and/or implantable cardioverter defibrillator (ICD) and lead insertion			
	Obtain Consent Consent for: Insertion of an implantable loop recorder			
	Dietary NPO Diet			
	NPO After Midnight, Except Meds, NPO Reason: Procedure			
	IV Solutions NS			
	□ IV, 50 mL/hr	/, 75 mL/hr		
		/, 125 mL/hr /, 200 mL/hr		
	1/2 NS	, 200 1112/111		
	□ IV, 50 mL/hr	/, 75 mL/hr		
		/, 125 mL/hr /, 200 mL/hr		
	11, 100 112,11	, 200 1112/111		
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Order Take	ken by Signature:	_ Date	Time	
Physician Signature:		Date	Time	

CARDIO PRE EP IMPLANTABLE DEVICE PLAN

Patient Label Here

	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			
	D5 1/2 NS ☐ IV, 50 mL/hr ☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	☐ IV, 75 mL/hr☐ IV, 125 mL/hr☐ IV, 200 mL/hr		
	Medications			
	Medication sentences are per dose. You will need to calcula gentamicin-polymyxin 250 mL irrigation □ 80 mg, irrigation, irrigation soln, OCTOR, Infuse over 0 hr, Pre □ 250 mL, Every Bag □ 500,000 units, Every Bag	•		
	Antibiotics			
	ceFAZolin 1 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes			
	If patient is allergic to penicillins, order vancomycin. vancomycin ☐ 1,000 mg, IVPB, ivpb, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis Administer 1 hour before surgery.			
	Laboratory			
	IF NO RESULTS PAST 72 HOURS OR ABNORMAL RESULTS	CALL PROVIDER		
	Click to review cardiac labs			
Anti Xa Level STAT, T;N				
	Basic Metabolic Panel (BMP) STAT, T;N			
CBC ☐ STAT, T;N				
	Brain Natriuretic Peptide (proBNP) ☐ STAT, T;N			
	Comprehensive Metabolic Panel STAT, T;N			
	Digoxin Level ☐ STAT, T;N			
	Hemoglobin A1C ☐ STAT, T;N			
	Lipid Panel ☐ STAT, T;N			
	Magnesium Level ☐ STAT, T;N			
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Order Take	en by Signature:	Date	Time	
Physician S	Signature:	Date	Time	

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CARDIO PRE EP IMPLANTABLE DEVICE PLAN

Patient Label Here

	PHYSICIAN ORDERS		
Т	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			
	Prothrombin Time with INR STAT, T;N		
	PTT ☐ STAT, T;N		
	T4 Free STAT, T;N		
	TSH ☐ STAT, T;N		
	Urinalysis ☐ Urine, STAT, T;N		
	Urine Random Drug Screen Urine, STAT, T;N		
	ALL FEMALES OF CHILD BEARING YEARS UNLESS STERILE OR KNOW	/N PREGNANCY	
	POC Urine Pregnancy ☐ T;N, STAT		
	Beta HCG Serum Qualitative (Qualitative Beta HCG Serum) STAT, T;N		
	Urine Beta hCG Urine, STAT, T;N		
	Diagnostic Tests		
	EKG-12 Lead ☐ T;N, STAT, Pre-Op exam		
	Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTE) with	contrast if needed)	
	Limited Echo Transthoracic (Limited TTE) STAT		
	Consults/Referrals		
	Consult MD ☐ Service: Anesthesiology, Reason: Pre-Op Implantable Device Procedure,	Immediately	
	Additional Orders		
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Order Take	en by Signature:	Date	Time
Physician Signature:		Date	Time

Patient Label Here

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	DUVEICIA	N ODDERS		
	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	Dan X in the specific order a	etan box(es) where applicable.	
	Laboratory			
	BB Blood Type (ABO/Rh) Routine Outpatient/PACU, T;N, Vendor Bill No			
	BB Antibody Screen Routine Outpatient/PACU, T;N, Vendor Bill No			
	BB Clot to Hold ☐ Routine Outpatient/PACU, T;N, Vendor Bill No			
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Order Take	n by Signature:	Date	Time	
Physician Signature:		Date	Time	

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CONTRAST ALLERGY PREMEDICATION PROTOCOL

Patient Label Here

	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		
	Patient Care		
	Premedication Regimen to Reduce Contrast (Premedication Regimen to Reduce Contrast Reactions Protocol) ☐ T;N, ***See Reference Text***		
	Medications		
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.		
	Accelerated Premedication:		
	Select methylprednisolone and ONE diphenhydramine. methylPREDNISolone 40 mg, IVPush, inj, q4h, x 24 hr, Solu-Medrol To be given every 4 hours until contrast study completed. Premedication for contrast allergy.		
	Diphenhydramine to be given 1 hour before study with contrast, if possible. If study to be done in less than one hour, diphenhydramine will be given now.		
	Select the following diphenhydramine if study is to be done in MORE than one hour.		
	diphenhydrAMINE ☐ 50 mg, IVPush, inj, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.		
	Select the following diphenhydramine if study is to be done in LESS than one hour.		
	diphenhydrAMINE 50 mg, IVPush, inj, ONE TIME Premedication for contrast allergy.		
	Oral Elective Premedication:		
	To be given 13 hours before study with contrast.		
	predniSONE ☐ 50 mg, PO, tab, Pre Med, x 24 hr To be given 13 hours before study with contrast. Premedication for contrast allergy.		
	To be given 7 hours before study with contrast.		
	predniSONE		
	To be given 7 hours before study with contrast. Premedication for contrast allergy.		
	To be given 1 hour before study with contrast.		
	predniSONE ☐ 50 mg, PO, tab, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.		
	diphenhydrAMINE ☐ 50 mg, PO, cap, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy. IV Elective Premedication: (if unable to take oral medications)		
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Order Take	n by Signature: Date Time		
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CONTRAST ALLERGY PREMEDICATION PROTOCOL

Patient Label Here

	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. methylPREDNISolone			
	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.			
	methylPREDNISolone ☐ 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.			
	methylPREDNISolone 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 50 mg, IVPush, inj, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.			
□то	☐ Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
Physician Signature:		Date	Time	