

UMC Health System CARDIO PRE/POST TRANSESOPHAGEAL ECHO (TEE) PLAN - Phase: Post-Procedure	Patient Label Here
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
Patient Care	
	Continuous Telemetry (Intermediate Care)
	Patient Activity <input type="checkbox"/> Up Ad Lib/Activity as Tolerated
	Vital Signs <input type="checkbox"/> Per Unit Standards, Every 15 minutes x4, then every 30 minutes x2, then repeat in 1 hour, repeat in 2 hours, then routine.
	Convert IV to INT
	Discontinue Peripheral Line <input type="checkbox"/> When vital signs stable and tolerating PO fluids.
POC by Nursing	
	POC ACT <input type="checkbox"/> T;N
	POC Blood Sugar Check <input type="checkbox"/> T;N
	POC Chem 8 <input type="checkbox"/> T;N
	POC Hemoglobin and Hematocrit <input type="checkbox"/> T;N
	POC PT with INR <input type="checkbox"/> T;N
Communication	
	Notify Provider of VS Parameters <input type="checkbox"/> SBP Greater Than 180, SBP Less Than 90, DBP Greater Than 110, DBP Less Than 60, MAP Less Than 60, HR Greater Than 110, HR Less Than 50
	Notify Provider of VS Parameters
Dietary	

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ORDER	ORDER DETAILS
	<p>Oral Diet</p> <p><input type="checkbox"/> Heart Healthy Diet</p> <p><input type="checkbox"/> Full Liquid Diet</p> <p><input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular</p> <p><input type="checkbox"/> Clear Liquid Diet Diet, Advance as tolerated to Heart Healthy</p> <p><input type="checkbox"/> Clear Liquid Diet Diet, Advance as tolerated to Carbohydrate Controlled (1600 calories)</p> <p><input type="checkbox"/> Clear Liquid Diet Diet, Advance as tolerated to Carbohydrate Controlled (2000 calories)</p> <p><input type="checkbox"/> Carbohydrate Controlled (1600 calories) Heart Healthy Diet</p> <p><input type="checkbox"/> Carbohydrate Controlled (2000 calories) Heart Healthy Diet</p> <p><input type="checkbox"/> Clear Liquid Diet</p> <p><input type="checkbox"/> Regular Diet</p>
Diagnostic Tests	
	DX Chest Portable
	<p>EKG-12 Lead</p> <p><input type="checkbox"/> T;N, Routine, Atrial Fibrillation</p>
	<p>EKG-12 Lead</p> <p><input type="checkbox"/> T;N, Routine, Atrial Flutter</p>
	<p>EKG-12 Lead</p> <p><input type="checkbox"/> T;N, Routine, Abnormal ECG</p>
	<p>EKG-12 Lead</p> <p><input type="checkbox"/> T;N, Routine</p>
Respiratory	
	<p>Oxygen (O2) Therapy</p> <p><input type="checkbox"/> Via: Nasal cannula, Keep sats greater than: 92%</p> <p><input type="checkbox"/> Via: Nonrebreather mask, Keep sats greater than: 92%</p> <p><input type="checkbox"/> Via: Simple mask, Keep sats greater than: 92%</p>

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ORDER	ORDER DETAILS
	Admit/Discharge/Transfer
	ONLY CARDIOLOGY PROVIDERS SHOULD PLACE THIS PLAN All other providers should place the Consult Cardiology for TEE order. Request for Outpatient Services (Request Cardiac Outpatient Services) <input type="checkbox"/> Location: Cath Lab, Anesthesia Aware <input type="checkbox"/> Location: Endoscopy, Anesthesia Aware
	Condition/Status
	If this patient is an OUTPATIENT with no current Code Status order, you MUST place the Code Status order below: Code Status <input type="checkbox"/> Code Status: Full Code <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death) <input type="checkbox"/> Code Status: Care Limitation
	Patient Care
	Obtain Consent <input type="checkbox"/> Consent for: Transesophageal Echocardiogram
	Vital Signs <input type="checkbox"/> Per Unit Standards
	Insert Peripheral Line
	POC by Nursing
	POC ACT <input type="checkbox"/> T;N
	POC Blood Sugar Check <input type="checkbox"/> T;N
	POC Chem 8 <input type="checkbox"/> T;N
	POC Hemoglobin and Hematocrit <input type="checkbox"/> T;N
	POC PT with INR <input type="checkbox"/> T;N
	Dietary
	Outpatient Diet <input type="checkbox"/> NPO <input type="checkbox"/> NPO, except meds.
	IV Solutions
	NS <input type="checkbox"/> IV, 50 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr

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ORDER	ORDER DETAILS
	D5 1/2 NS <input type="checkbox"/> IV, 50 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

	lidocaine topical (Lidocaine Viscous 2% mucous membrane solution) <input type="checkbox"/> 15 mL, swish & swallow, liq, as needed, PRN exam
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	benzocaine topical (benzocaine 20% mucous membrane spray) <input type="checkbox"/> 1 spray, mucous membrane, spray, as needed, PRN exam
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	methylene blue <input type="checkbox"/> 2 mg/kg, IVPush, inj, ONE TIME, PRN other IVPush over 5 minutes. For methemoglobinemia.
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Laboratory

IF NO RESULTS PAST 72 HOURS OR ABNORMAL RESULTS CALL PROVIDER
 Click to review cardiac labs

	Anti Xa Level <input type="checkbox"/> Routine, T;N
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	Basic Metabolic Panel (BMP) <input type="checkbox"/> Routine, T;N
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	CBC <input type="checkbox"/> Routine, T;N
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	Comprehensive Metabolic Panel <input type="checkbox"/> Routine, T;N
--	---

	Digoxin Level <input type="checkbox"/> Routine, T;N
--	---

	Magnesium Level <input type="checkbox"/> Routine, T;N
--	---

	Prothrombin Time with INR <input type="checkbox"/> Routine, T;N
--	---

	TSH <input type="checkbox"/> Routine, T;N
--	---

	Urinalysis <input type="checkbox"/> Urine, Routine, T;N
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	Urine Random Drug Screen <input type="checkbox"/> Urine, Routine, T;N
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	ALL FEMALES OF CHILD BEARING YEARS UNLESS STERILE OR KNOWN PREGNANCY POC Urine Pregnancy <input type="checkbox"/> T;N
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	Beta HCG Serum Qualitative (Qualitative Beta HCG Serum) <input type="checkbox"/> Routine, T;N
	Urine Beta hCG <input type="checkbox"/> Urine, Routine, T;N
Diagnostic Tests	
	Echo Transesophageal w/wo contrast (Card (Echo Transesophageal w/wo contrast (Cardio only))
	EKG-12 Lead <input type="checkbox"/> T;N, Routine, Atrial Fibrillation
	EKG-12 Lead <input type="checkbox"/> T;N, Routine, Atrial Flutter
	EKG-12 Lead <input type="checkbox"/> T;N, Routine, Abnormal ECG
	EKG-12 Lead <input type="checkbox"/> T;N, Routine
Consults/Referrals	
	Consult MD <input type="checkbox"/> Service: Anesthesiology, Reason: Pre-Op Endo Procedure.

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