

UMC Health System CARDIO PRE/POST EP DIRECT CURRENT CARДИOVERSI ON (DCCV) 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 PER UNIT STANDARDS
	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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 - Phase: Post-Procedure

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ORDER	ORDER DETAILS
	Oral Diet <input type="checkbox"/> Heart Healthy Diet <input type="checkbox"/> Full Liquid Diet <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Carbohydrate Controlled (1600 calories) <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Carbohydrate Controlled (2000 calories) <input type="checkbox"/> Carbohydrate Controlled (1600 calories) Heart Healthy Diet <input type="checkbox"/> Carbohydrate Controlled (2000 calories) Heart Healthy Diet <input type="checkbox"/> Clear Liquid Diet <input type="checkbox"/> Regular Diet <input type="checkbox"/> Clear Liquid Heart Healthy Diet
Laboratory	
	Click to review cardiac labs
	Basic Metabolic Panel <input type="checkbox"/> Routine, T;N, Vendor Bill No
	CBC <input type="checkbox"/> Routine, T;N, Vendor Bill No
	Comprehensive Metabolic Panel <input type="checkbox"/> Routine, T;N, Vendor Bill No
	Prothrombin Time with INR <input type="checkbox"/> Routine, T;N, Vendor Bill No
	PTT <input type="checkbox"/> Routine, T;N, Vendor Bill No
	Magnesium Level <input type="checkbox"/> Routine, T;N
Diagnostic Tests	
	DX Chest Single View
	DX Chest Portable
	EKG-12 Lead <input type="checkbox"/> Atrial Fibrillation
	EKG-12 Lead <input type="checkbox"/> Atrial Flutter
	EKG-12 Lead <input type="checkbox"/> Abnormal ECG
	EKG-12 Lead
Respiratory	
	Oxygen (O2) Therapy <input type="checkbox"/> Via: Nasal cannula, Keep sats greater than: 92% <input type="checkbox"/> Via: Simple mask, Keep sats greater than: 92% <input type="checkbox"/> Via: Nonrebreather mask, Keep sats greater than: 92%
Consults/Referrals	
	Consult Cardiac Rehab <input type="checkbox"/> Cardiac Rehab for Inpatient Phase I evaluation and treatment. Arrange Outpatient Cardiac Rehab Phase II evaluation and treatment.

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Admit/Discharge/Transfer
	Request for Outpatient Services (Request Cardiac Outpatient Services) <input type="checkbox"/> Location: Cath Lab
	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
	Ensure utilization of the appropriate SEDATION plan
	Continuous Pulse Oximetry
	Continuous Telemetry (Intermediate Care)
	Obtain Consent <input type="checkbox"/> Consent for: Direct Current Cardioversion (DCCV)
	Weigh Patient One Time Order <input type="checkbox"/> Record weight and height.
	Instruct Patient <input type="checkbox"/> Instruct Patient On: Other Take the following medications the morning of procedure, with a sip of water, Please take:
	Patient Activity <input type="checkbox"/> Up Ad Lib/Activity as Tolerated
	TEE (Transesophageal Echo)
	Echo Transesophageal w/wo contrast (Card (TEE w/wo contrast (Cardio only)) <input type="checkbox"/> Atrial Fibrillation
	Echo Transesophageal w/wo contrast (Card (TEE w/wo contrast (Cardio only)) <input type="checkbox"/> Atrial Flutter
	Obtain Consent <input type="checkbox"/> Consent for: Transesophageal Echocardiogram
	TEE Medications
	lidocaine topical (Lidocaine Viscous 2% mucous membrane solution) <input type="checkbox"/> 15 mL, swish & swallow, liq, as needed, PRN exam
	benzocaine topical (benzocaine 20% mucous membrane spray) <input type="checkbox"/> 1 spray, mucous membrane, spray, as needed, PRN exam
	methylene blue <input type="checkbox"/> 2 mg/kg, IVPush, inj, ONE TIME, PRN other IVPush over 5 minutes. For methemoglobinemia.
	POC by Nursing
	POC ACT <input type="checkbox"/> T;N
	POC Blood Sugar Check <input type="checkbox"/> T;N

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ORDER	ORDER DETAILS
	Anti Xa Level <input type="checkbox"/> STAT, T;N
	Basic Metabolic Panel (BMP) <input type="checkbox"/> STAT, T;N
	CBC <input type="checkbox"/> STAT, T;N
	Comprehensive Metabolic Panel <input type="checkbox"/> STAT, T;N
	Digoxin Level <input type="checkbox"/> STAT, T;N
	Magnesium Level <input type="checkbox"/> STAT, T;N
	Prothrombin Time with INR <input type="checkbox"/> STAT, T;N
	TSH <input type="checkbox"/> STAT, T;N
	Urinalysis <input type="checkbox"/> Urine, STAT, T;N
	Urine Random Drug Screen <input type="checkbox"/> Urine, STAT, T;N
	ALL FEMALES OF CHILD BEARING YEARS UNLESS STERILE OR KNOWN PREGNANCY POC Urine Pregnancy <input type="checkbox"/> T;N, STAT
	Beta HCG Serum Qualitative (Qualitative Beta HCG Serum) <input type="checkbox"/> STAT, T;N
	Urine Beta hCG <input type="checkbox"/> Urine, STAT, T;N
Diagnostic Tests	
	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

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