UMC Health System

CARDIO PROTOCOL TILT TABLE TEST

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
	Tilt Table Test Protocol ☐ ***See Reference Text***
	Obtain Consent ☐ Routine, Consent for: Tilt Table Test
	Patient Activity ☐ Bedrest, Bed Position: HOB Flat, FLAT TIME, Patient will lie in the supine position for 20 minutes prior to initiating the Tilt Table test.
	Vital Signs ☐ Per Unit Standards | Per Policy
	Insert Peripheral Line
	Reasons to STOP the tilt table test: 1.) Severe Tachycardia 2.) Symptomatic Hypotension, Bradycardia or Syncope: Lower the patient to supine position. The test is interpreted as ABNORMAL.
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	nitroGLYCerin (nitroGLYCerin 0.4 mg sublingual tablet) ☐ 0.4 mg, SL, tab sub, ONE TIME, PRN exam, x 12 hr Give if patient asymptomatic to tilt at 75 degrees for 30 minutes. Monitor vitals every 1 minute for 10 minutes after administration.
	Recovery Med: **NS (NS bolus)** ☐ 500 mL, IVPB, iv soln, ONE TIME, PRN hypotension, x 12 hr, Infuse over 30 min May infuse rapidly if needed.

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____