



Physician Orders ADULT EP-Cardioversion-Implant Pre Proc Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase

Phase: EP-Cardioversion-Implant Pre Proc Phase, When to Initiate: _____

EP-Cardioversion-Implant Pre Proc Phase

Admission/Transfer/Discharge

- ☒ Patient Status Initial Outpatient

T;N, Attending Physician: _____

Reason for Visit: _____

Bed Type: _____ Specific Unit: _____

Outpatient Status/Service: OP-Ambulatory Surgery

- ☐ Patient Status Initial Inpatient

T;N Admitting Physician: _____

Reason for Visit: _____

Bed Type: _____ Specific Unit: _____

Care Team: _____ Anticipated LOS: 2 midnights or more

- ☐ Notify Physician-Once

Notify: physician, Notify For: of room number upon arrival to unit

Food/Nutrition

- ☐ NPO

☐ Instructions: NPO except for medications (DEF)*

☐ Instructions: NPO except for medications, following clear liquid breakfast on day of procedure

Patient Care

- ☐ Consent Signed For

T;N, Procedure: Electrophysiology Study

- ☐ Consent Signed For

T;N, Procedure: Ablation

- ☐ Consent Signed For

T;N, Procedure: Implantable Cardiac Defibrillator

- ☐ Consent Signed For

T;N, Procedure: CRT-D

- ☐ Consent Signed For

T;N, Procedure: Permanent Pacemaker

- ☐ Consent Signed For

T;N, Procedure: Cardioversion

- ☐ Consent Signed For

T;N, Procedure: Tilt Table

- ☒ Void Prior To Procedure

- ☐ Clipper Prep

bilateral groin, bilateral shoulder





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- ☐ Clipper Prep
- ☐ Indwelling Urinary Catheter Insert-Follow Removal Protocol
to be placed while in pre-procedural area

Nursing Communication

- ☒ Nursing Communication
If patient has CHF related ICD/PPM, place copy of most recent echo on chart, and document EF in chart from previous echo.

Continuous Infusion

- ☐ Sodium Chloride 0.9%
1,000 mL, IV, Routine, 50 mL/hr
- ☐ Dextrose 5% in Water
1,000 mL, IV, Routine, 50 mL/hr

Medications

- ☐ **+1 Hours** ceFAZolin
2 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose)
Comments: Administer one hour or less prior to procedure
- ☐ **+1 Hours** vancomycin
1 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose)
Comments: Administer one hour or less prior to procedure
- ☐ **+1 Hours** clindamycin
900 mg, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose)
Comments: Administer one hour or less prior to procedure
- ☐ **+1 Hours** LORazepam
1 mg, Injection, IV Push, OnCall, Routine, (for 1 dose)
Comments: Administer one hour or less prior to procedure
- ☐ **+1 Hours** mupirocin topical 2% ointment
1 application, Nasal, bid, Routine, (for 5 day)

Laboratory

- ☐ CBC
Routine, T;N, once, Type: Blood
- ☐ BMP
Routine, T;N, once, Type: Blood
- ☐ CMP
Routine, T;N, once, Type: Blood
- ☐ PT
Routine, T;N, once, Type: Blood
- ☐ PTT
Routine, T;N, once, Type: Blood
- ☐ INR
Routine, T;N, once, Type: Blood





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Diagnostic Tests

☒ Electrocardiogram

Start at: T;N, Priority: Stat, Reason: Arrhythmia/Dysrhythmia

_____	_____	_____	_____
Date	Time	Physician's Signature	MD Number

***Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

