

## Physician Orders

Care Set: Post DC Intra Aortic Balloon Pump (IABP) Order

[X or R] = will be ordered unless marked out.

T= Today; N = Now (date and time ordered)

This order set may need to be adapted to meet the specific needs of the pt. The Caretrack should not replace clinical judgment.

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

**Allergies:** ☐ No known allergies

☐ Medication allergy(s): \_\_\_\_\_

☐ Latex allergy ☐ Other: \_\_\_\_\_

### Patient Care

<input checked="" type="checkbox"/>	Request Supply to Bedside	T;N, have bedside FemoStop, 1 pk 4X4's, suture removal kit, doppler
<input checked="" type="checkbox"/>	Pedal Pulses Check	T;N, q15min For 4 hr, post- FemoStop then q30min x 2hr.
<input checked="" type="checkbox"/>	Groin Check	T;N, q15min, For 4 hr, post- FemoStop then q30min x 2hr, q60min x 6hr
<input checked="" type="checkbox"/>	Vascular Compression Apply (Femostop Apply)	T;N, Method: Femostop, Leave FemoStop intact for first 15 minutes, then begin decreasing pressure 15mmHg q15min.
<input checked="" type="checkbox"/>	Intra-Aortic Balloon Pump	T;N, ECG, Automatic
<input checked="" type="checkbox"/>	Vascular Compression Remove (FemoStop Remove)	T;N+2, 2 hours post-FemoStop if hemostasis is obtained.

Date

Time

Physician's Signature

MD Number

