**Physician Orders**

**LEB Cardiology Stress/Rhythm Pre Proc Plan**

**Height:** cm  **Weight:** kg

**Allergies:** [ ] No known allergies

### Vital Signs

[ ] **Vital Signs**

T;N, Monitor and Record Blood Pressure, Non-invasive MAP during procedure.

### Food/Nutrition

[ ] **NPO Communication**

T;N, See Special Instructions, NPO 2 hrs prior to Cardiology rhythm test.

### Patient Care

[ ] **Consent Signed For**

T;N, Procedure: ______________________ MD to perform ______________________

[ ] **Hepwell Insert/Site Care LEB**

T;N, Routine, Establish access prior to cardiology rhythm test.

[ ] **Nursing Communication**

T;N, Patient to wear comfortable clothes and sneakers for cardiology rhythm test.

[ ] **Nursing Communication**

T;N, Parent must accompany patient to Stress lab.

### Continuous Infusions

[ ] **Sodium Chloride 0.9%**

1,000mL, IV, Routine, T;N, at __ mL/hr

### Medications

[ ] **Hold medication x1 dose**

T;N, Med to Hold: ____________, When to Hold: ____________

### Diagnostic Tests

**NOTE:** Parent must accompany patient for a treadmill exercise, syncope/tilt table study or event monitor. Place Nursing Communication order above as indicated.

[ ] **Stress Test with Pulmonary Function**

T;N, routine, Reason: ______________________, Transport: Wheelchair

[ ] **Treadmill or Bicycle Exercise**

T;N, routine, Reason: ______________________, Transport: Wheelchair

**NOTE:** Patient must have established IV access site for Syncope Study/Tilt Table Study. Place Nursing Communication order above as indicated.

[ ] **Tilt Table Syncope Study**

T;N, routine, Reason: ______________________, Transport: Wheelchair

[ ] **EKG**

T;N, Routine

[ ] **Event Monitor**

T;N, routine, Reason: ______________________, 30 day monitor

[ ] **Holter Monitor**

T;N, routine, 24h, Reason: ______________________

[ ] **Holter Monitor**

T;N, routine, 48h, Reason: ______________________

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**Date** ____________  **Time** ____________  **Physician’s Signature** ____________  **MD Number** ____________

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