

Physician Orders

LEB Cardiology Stress/Rhythm Pre Proc Plan

PEDIATRIC

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

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: _____

 Date Time Physician's Signature MD Number
