



Physician Orders

LEB Cardiology EPS Post Procedure Plan

PEDIATRIC

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

Height: _____ cm Weight: _____ kg

Allergies: No known allergies

Admission/Transfer/Discharge

<input type="checkbox"/>	Return Patient to Room	T;N
<input type="checkbox"/>	Transfer Patient	T;N
<input type="checkbox"/>	Bed Type: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____	
<input type="checkbox"/>	Notify Physician Once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		

Vital Signs

<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, and affected extremity pulses q15min x 4 occurrences, then q30min x 4 occurrences, then q1h x 3h, then routine per unit.
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Activity

<input type="checkbox"/>	Bedrest	T;N, Strict, supine with straight legs X 5 hours, then may get up with assistance.
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Food/Nutrition

<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N

Patient Care

<input type="checkbox"/>	Advance Diet As Tolerated	T;N, Start clear liquids when awake, and advance to regular diet as tolerated.
<input type="checkbox"/>	Elevate Head Of Bed	T;N, 30 degrees 2 hours after completion of procedure.
<input type="checkbox"/>	Strict I/O	T;N, Routine, q2h(std)
<input type="checkbox"/>	Cardiac Cath Site Check	T;N, Check cath site and distal extremity pulses, color and perfusion, q15min X 4 occurrences, then q30min X 4 occurrences, then q1h X3h, then routine per unit.
<input type="checkbox"/>	Dressing Care	T;N, Action: Do Not Change, unless soiled with urine or feces.
<input type="checkbox"/>	Remove Dressing	T;N, Remove in AM
<input type="checkbox"/>	Remove Dressing	T;N, Immediately prior to discharge.
<input type="checkbox"/>	Remove Dressing	T;N, Remove in 12 hours.
<input type="checkbox"/>	Observe For	T;N, Observe for signs/symptoms of bleeding/hematoma from puncture site.
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, with vital signs
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N
<input type="checkbox"/>	Telemetry	T;N, Routine
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
<input type="checkbox"/>	IV Discontinue When Tolerating PO	T;N, Heplock IV when patient tolerating PO liquids.

Respiratory Care

<input type="checkbox"/>	Oxygen Delivery	T;N, _____L/min, Titrate to keep O2 sat equal to or greater than 92%. Wean to room air.
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Continuous Infusions

<input type="checkbox"/>	Lactated Ringers	1,000mL,IV,Routine,T;N, at _____mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000mL,IV,Routine,T;N, at _____mL/hr
<input type="checkbox"/>	D5 1/2NS	1,000mL,IV,Routine,T;N, at _____mL/hr
<input type="checkbox"/>	D5 1/4NS	1,000mL,IV,Routine,T;N, at _____mL/hr
<input type="checkbox"/>	D5 1/2 NS KCl 20 mEq/L	1,000mL,IV,Routine,T;N, at _____mL/hr
<input type="checkbox"/>	D5 1/4 NS KCl 20 mEq/L	1,000mL,IV,Routine,T;N, at _____mL/hr





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Medications		
<input type="checkbox"/>	heparin 10 unit/mL flush	5 mL, (10units/mL),Ped Injectable, IVPush, PRN, PRN Cath Clearance, routine,T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	ceFAZolin	_____mg(25 mg/kg), injection, IVPiggyback, q8h , Routine, (2 dose) T; N Max dose = 1 gram
<input type="checkbox"/>	vancomycin	_____mg(10 mg/kg), Ped Injectable, IVPiggyback, q6h, Routine, (3 dose) T; N, Max dose = 1 gram
<input type="checkbox"/>	acetaminophen	325mg, tab, PO, q4h, PRN Pain or Fever, T;N,Max Dose=90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	80 mg, chew tab, PO, q4h, PRN Pain or Fever, T;N,Max Dose=90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	_____mg(10mg/kg), Liq, PO, q4h, PRN Pain or Fever, T;N,Max Dose=90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	_____mg(10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, T;N,Max Dose=90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	aspirin	81 mg, Chew tab, PO, QDay, Routine, T;N
<input type="checkbox"/>	aspirin	325 mg, Tab, PO, QDay, Routine, T;N
<input type="checkbox"/>	ondansetron	_____mg(0.1 mg/kg),Oral Soln,PO,q8h,PRN nausea/vomiting,routine,T;N, Max dose = 4mg
<input type="checkbox"/>	ondansetron	4mg,Orally Disintegrating Tablet,PO,q8h,PRN nausea/vomiting,routine,T;N
<input type="checkbox"/>	ondansetron	_____mg(0.1 mg/kg),injection,IV,q8h,PRN nausea/vomiting,routine,T;N, Max dose= 4mg
Diagnostic Tests		
<input type="checkbox"/>	EKG	T; N,Stat, Reason For Exam: Post cardiac cath, Transport: Bedside
<input type="checkbox"/>	EKG	T+1; 0700, Routine, Reason For Exam: Post cardiac cath, Transport: Bedside
<input type="checkbox"/>	Chest 1 VW	T; N, Stat, Reason For Exam: Post cardiac cath, Transport: Portable
<input type="checkbox"/>	Echocardiogram Pediatric (0-18yrs)	T; N, Stat, Reason For Exam: Post cardiac cath, Transport: Portable
Consults/Notifications		
<input type="checkbox"/>	Notify Physician For Vital Signs Of	T;N, BP Systolic > 140, BP Diastolic > 80, BP Systolic < 80, BP Diastolic < 40, Celsius Temp > 38.0, Heart Rate > 130, Heart Rate < 60, Who:_____

Date

Time

Physician's Signature

MD Number