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-One
   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*

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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</table>

*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