### Physician Orders

**LEB CARD EPS Pre Procedure Plan**

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

#### PEDIATRIC

<table>
<thead>
<tr>
<th>Height: ______ cm</th>
<th>Weight: ______ kg</th>
</tr>
</thead>
</table>

**Allergies:** [ ] No known allergies

- Initiate Powerplan Phase
- LEB Cardiology EPS Pre Proc Phase, When patient arrives to unit

#### Admission/Transfer/Discharge

- Admit Patient to Dr. _____________________________
- **Admit Status:** [ ] Inpatient [X] Outpatient [ ] Routine Post Procedure <24hrs [ ] 23 hour OBS
- **Bed Type:** [ ] Med/Surg [ ] Critical Care [ ] Stepdown [ ] Telemetry [X] Ambulatory Care; Specific Unit
- **Admit Reason:** Electro Physiology Study

- Notify Physician Once T;N, Who: __________________________, when patient arrives on floor

**Primary Diagnosis:**

**Secondary Diagnosis:**

#### Vital Signs

- [ ] Vital Signs T;N, Routine Monitor and Record T,P,R,BP

#### Food/Nutrition

- [ ] Clear Liquid Diet T;N, Age: Group: __________
- [ ] NPO T;N
- [ ] NPO Communication T;N, NPO per Sedation Guidelines and Procedure Guidelines

#### Patient Care

- [ ] Consent Signed For T;N, Procedure: Electro Physiology Study
- [ ] Height T;N
- [ ] Weight T;N
- [ ] Nursing Communication T;N, If patient is female, equal to or greater than 10 years of age and not currently on cycle, place order for Pregnancy Screen Serum if a Pregnancy Screen is not already ordered.

#### Respiratory Care

- [ ] O2 Sat Spot Check-NSG T;N, with vital signs

#### Continuous Infusions

- [ ] Isoproterenol Drip (Pediatric) 0.01 mcg/kg/min, Injection, IV, Routine, T;N, Pharmacy to send to cath lab, 1 mL/hr delivers 0.01 mcg/kg/min
**Physician Orders**

**LEB CARD EPS Pre Procedure Plan**

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

### PEDIATRIC

<table>
<thead>
<tr>
<th>Laboratory</th>
<th>Consults/Notifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Pregnancy Screen Serum STAT, T;N, once, Type: Blood</td>
<td>[ ] Consult MD Group T;N, Consult Who: Pediatric Anesthesiologists, PA, Reason: General Anesthesia NOTE: Prior to administering pre-medications contact Interventionalist.</td>
</tr>
<tr>
<td>[ ] Pregnancy Screen Urine STAT, T;N, once, Type: Urine, Nurse Collect</td>
<td></td>
</tr>
<tr>
<td>[ ] Urinalysis w/Reflex Microscopic Exam STAT, T;N, once, Type: Urine, Nurse Collect</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician's Signature</th>
<th>MD Number</th>
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40408 PP CARD Cath Lab/IR Pre Procedure-QM-0310