

attach patient label



Physician Orders

LEB CARD EPS Pre Procedure Plan

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

PEDIATRIC

Height: _____ cm Weight: _____ kg

| | | |
|---|--------------------------------|--|
| Allergies: | | <input type="checkbox"/> No known allergies |
| <input type="checkbox"/> | Initiate Powerplan Phase | T;N, LEB Cardiology EPS Pre Proc Phase, When patient arrives to unit |
| Admission/Transfer/Discharge | | |
| <input type="checkbox"/> | Admit Patient to Dr. _____ | |
| Admit Status: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Routine Post Procedure <24hrs <input type="checkbox"/> 23 hour OBS | | |
| Bed Type: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry <input checked="" type="checkbox"/> Ambulatory Care; Specific Unit | | |
| Admit Reason: Electro Physiology Study | | |
| <input type="checkbox"/> | Notify Physician Once | T;N, Who: _____, when patient arrives on floor |
| Primary Diagnosis: _____ | | |
| Secondary Diagnosis: _____ | | |
| Vital Signs | | |
| <input type="checkbox"/> | Vital Signs | T;N, Routine Monitor and Record T,P,R,BP |
| Food/Nutrition | | |
| <input type="checkbox"/> | Clear Liquid Diet | T;N, Age: Group: _____ |
| <input type="checkbox"/> | NPO | T;N |
| <input type="checkbox"/> | NPO Communication | T;N, NPO per Sedation Guidelines and Procedure Guidelines |
| Patient Care | | |
| <input type="checkbox"/> | Consent Signed For | T;N, Procedure: Electro Physiology Study |
| <input type="checkbox"/> | Height | T;N |
| <input type="checkbox"/> | Weight | T;N |
| <input type="checkbox"/> | 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 | | |
| <input type="checkbox"/> | O2 Sat Spot Check-NSG | T;N, with vital signs |
| Continuous Infusions | | |
| <input type="checkbox"/> | 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 |



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| Laboratory | | |
|--------------------------|--------------------------------------|--|
| <input type="checkbox"/> | Pregnancy Screen Serum | STAT, T;N, once, Type: Blood |
| <input type="checkbox"/> | Pregnancy Screen Urine | STAT, T;N, once, Type: Urine, Nurse Collect |
| <input type="checkbox"/> | Urinalysis w/Reflex Microscopic Exam | STAT, T;N, once, Type: Urine, Nurse Collect |
| Consults/Notifications | | |
| <input type="checkbox"/> | Consult MD Group | T;N, Consult Who: Pediatric Anesthesiologists, PA, ,Reason: General Anesthesia NOTE: Prior to administering pre-medications contact Interventionalist. |

Date

Time

Physician's Signature

MD Number

40408 PP CARD Cath Lab/IR Pre
Procedure-QM-0310