Physician Orders
Care Set: Post DC Intra Aortic Balloon Pump (IABP) Order
[X or R] = will be ordered unless marked out.
T= Today; N = Now (date and time ordered)

This order set may need to be adapted to meet the specific needs of the pt. The Caretrack should not replace clinical judgment.

Height: _______ cm  Weight: _______ kg

**Allergies:**

[ ] No known allergies

[ ] Medication allergy(s):
________________________________________________________________________

[ ] Latex allergy  [ ] Other:
________________________________________________________________________

### Patient Care

[X] Request Supply to Bedside  T;N, have bedside Femostop, 1 pk 4X4’s, suture removal kit, doppler

[X] Pedal Pulses Check  T;N, q15min For 4 hr, post-FemoStop then q30min x 2hr.

[X] Groin Check  T;N, q15min, For 4 hr, post-FemoStop then q30min x 2hr, q60min x 6hr

[X] Vascular Compression Apply  T;N, Method: Femostop, Leave Femostop intact for first 15 minutes, then begin decreasing pressure 15mmHg q15min.

(Femostop Apply)

[X] Intra-Aortic Balloon Pump  T;N, ECG, Automatic

[X] Vascular Compression Remove  T;N+2, 2 hours post-FemoStop if hemostasis is obtained.

(FemoStop Remove)

__________________          __________________          _________________________________________________        __________________
Date                              Time                              Physician’s Signature                                              MD Number

*111*

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