



CARDIAC ELECTROPHYSIOLOGY POST-PROCEDURE ORDERS

1. Admit to:	<input type="checkbox"/> 10-Long	<input type="checkbox"/> 10-ICC	<input type="checkbox"/> Other:		<input type="checkbox"/> After PACU
2. Diagnosis:					
3. Procedure:	<input type="checkbox"/> Electrophysiology study		<input type="checkbox"/> Radiofrequency ablation		
	<input type="checkbox"/> Pacemaker implant		<input type="checkbox"/> ICD implant		
	<input type="checkbox"/> Cardioversion		<input type="checkbox"/> Tilt table test		
	<input type="checkbox"/> Other:				
4. Access:	<input type="checkbox"/> Right femoral vein	<input type="checkbox"/> Left femoral vein	<input type="checkbox"/> Right internal jugular	<input type="checkbox"/> Left internal jugular	
	<input type="checkbox"/> Right femoral artery	<input type="checkbox"/> Left femoral artery	<input type="checkbox"/> Right subclavian vein	<input type="checkbox"/> Left subclavian vein	
	<input type="checkbox"/> Right chest	<input type="checkbox"/> Left chest	<input type="checkbox"/> Other:		
5. Condition:					
6. Allergies:					
7.	<input type="checkbox"/> Continuous telemetry (see Telemetry Order Sheet)				
8.	<input type="checkbox"/> Vital signs: check temperature, heart rate, respirations, blood pressure, access sites, and perfusion Every 15 minutes for 1 hour, Every 30 minutes for 2nd hour, Every 60 minutes for next 4 hours, Then once every 4 hours				
9.	<input type="checkbox"/> Bed rest with effected leg(s) straight for 4 hours after venous puncture				
	<input type="checkbox"/> Bed rest with effected leg(s) straight for 6 hours after arterial puncture				
	<input type="checkbox"/> Head of bed elevated 30 degrees for 4 hours after jugular or subclavian puncture				
10.	Nothing by mouth until fully awake, then advance diet as tolerated				
11.	<input type="checkbox"/> IV to heparin lock with flushes, as per routine				
	<input type="checkbox"/> IV fluids: D5 1/2 NS with 20 mEq KCl/L, to run at 100 cc/hour until taking PO well				
12.	Notify Cardiology fellow for abnormal vital signs, arrhythmias, bleeding				
13. Medications:					
	<input type="checkbox"/> Acetaminophen 650 mg by mouth every 4 hours as needed for pain				
	<input type="checkbox"/> Zofran 4 mg IV every 4 hours as needed for nausea				
	<input type="checkbox"/> Keflex 500 mg by mouth every 6 hours				
	<input type="checkbox"/> Vicodin 1 to 2 tabs by mouth every 4 hours as needed for pain				
	<input type="checkbox"/> See additional medication orders				
14.	<input type="checkbox"/> 12-lead ECG upon arrival				
15.	<input type="checkbox"/> STAT portable Chest X-ray, r/o pneumothorax, upon arrival				
16.	<input type="checkbox"/> 12-lead ECG at 6 AM (/ /)				
17.	<input type="checkbox"/> Chest X-ray 2-views in Radiology at 6 AM (/ /), OK to be off telemetry for X-ray				
18.	<input type="checkbox"/> May discharge home at			if stable without bleeding, vomiting,	
	arrhythmias, excessive pain, or other problems.				
	<input type="checkbox"/> Notify Cardiology fellow/attending prior to patient discharge.				
19.	<input type="checkbox"/> Other orders:				
Signature:			, MD #:	Pager #	Date Time
Checked by:			, RN	Date	Time