A THERAPEUTICALLY EQUIVALENT PRODUCT MAY BE DISPENSED AND ADMINISTERED UNLESS CHECKED IN THE LEFT COLUMN.

✓	EPS/ABLATION POST-PROCEDURE ORDERS	ROOM NO.

ALLERGIES: HT _____ (Cm) WT _____ (Kg)

A ☑ indicates a selected order. If a defaulted order is not appropriate, draw a line through the order.

Admission Status: ***Must select one when patient is first admitted.*** **Do NOT use to convert a patient's admission status.**

- ☐ **Out-Patient Surgery / Procedure with or without Out-Patient Recovery (SDC)**. (e.g. expected post-procedure recovery, pain management.)
- ☐ **Admit to Medical Observation (INo).** Observation is an outpatient status used to determine the need for further treatment or possible inpatient admission, usually can be determined in less than 24 hours. Patient must meet observation criteria each hour.
- ☐ **Admit to Inpatient. Preferred unt:** _____

Diagnosis: _____

Code Status: For DNAR status complete separate DNAR Physician Orderset

Isolation (check all that apply):

- ☐ Airborne precautions
- ☐ Contact precautions
- ☐ Droplet precautions

Vital Signs & Call Orders:

- ☑ Vital signs every 15 minutes X 1 hour, then Q 30 minutes X 2, then per unit protocol
- ☐ Other_____

Nursing:

- ☑ Assess and document arterial / venous site(s) and distal peripheral pulses every 15 minutes until sheath removed and until 1 hour post removal, then every 30 minutes X 2, then routine
- ☐ Activated Clotting Time (ACT) at _____
- ☐ Pre-medicate 5 minutes prior to sheath removal – see medications
- ☐ If arterial / venous sheaths in place, DC sheaths when Activated Clotting Time (ACT) is less than or equal to _____. If there is bleeding at the puncture site(s), apply handheld pressure for 20 minutes and notify the Cardiologist.
- ☑ Cardiac monitoring
- ☐ May go to / from procedure without cardiac monitoring
- ☑ Discontinue urinary catheter upon arrival in unit
- ☑ If patient is going home on Lovenox, provide self-administration education with patient return demonstration
- ☐ If hemodynamically stable, with no signs / symptoms of bleeding or hematoma, and meets discharge criteria, may discharge home at _____

Activity:

- ☐ HOB flat until_____, then up at 30 degrees
- ☐ Bed rest with affected leg straight X _____hours post-sheath removal, then ambulate 50 feet
- ☐ Up ad lib at _____

12-hour Chart Check_____ **RN DATE:** _____ / _____ / _____ **TIME:**_____

T.O. _____**Taken by:** _____ ___/___/___, **TIME:** _____

TRANSCRIBED BY: _____ ___/___/___, **TIME:** _____ **NOTED BY:** _____ ___/___/___, **TIME:** _____

PHYSICIAN SIGNATURE: _____ **DATE:** _____ **TIME:** _____

PRINTED NAME/ID#:

(COUNTER-SIGN ALL T.O. ORDERS WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)

St. Joseph Hospital
ST. JOSEPH HEALTH SYSTEM

EPS/ABLATION POST-PROCEDURE ORDERS
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PATIENT ID

A THERAPEUTICALLY EQUIVALENT PRODUCT MAY BE DISPENSED AND ADMINISTERED UNLESS CHECKED IN THE LEFT COLUMN.

✓	EPS/ABLATION POST-PROCEDURE ORDERS	ROOM NO.

ALLERGIES: HT _____ (Cm) WT _____ (Kg)

Nutrition:
- ☐ Cardiac
- ☐ Cardiac 2 Gm sodium
- ☐ Cardiac 2 Gm sodium / Diabetic Carb Control _____calories
- ☐ Other _____

Procedures:
- ☐ 12-lead EKG on arrival to department; Reason for exam: _____
- ☐ 12- lead EKG in a.m.; Reason for exam: _____

IV Fluids:
- ☐ _____to run at _____ mL / hour X _____hours
- ☐ DC IV Fluids at _____ & convert to saline lock and flush per protocol
- ☐ Saline lock, flush per protocol

Medications:

Analgesics
- ☐ Acetaminophen (Tylenol) 650 mg PO Q 6 hours PRN headache or mild pain (scale1-3). Total acetaminophen not to exceed 4000 mg / 24 hours).
- ☐ Norco 5-325 1 Tab PO Q 4 hours PRN moderate pain (scale 4-6). If ineffective, may give an additional Tablet in 1 hour, then may give 2 Tabs PO Q 4 hours PRN moderate pain thereafter. (Do not exceed 12 Tabs / 24 hours or total acetaminophen not to exceed 4000 mg / 24 hours).

Anti-emetics
- ☐ Ondansetron (Zofran) 4 mg IVP Q 12 hours PRN nausea / vomiting. May give IM if no IV access. If ineffective, give Prochlorperazine (Compazine) 10 mg IV Q 6 hours PRN nausea / vomiting. May give IM if no IV access.

Hypnotics
- ☐ Zolpidem (Ambien) 10 mg PO at bedtime PRN sleep. If patient is greater than 65 years, give Zolpidem (Ambien) 5 mg PO at bedtime PRN sleep.

Anticoagulants
- ☐ Enoxaparin (Lovenox) _____ mg SubQ Q 12 hours for (indication): _____ First dose at_____. Pharmacy to reduce dose to 1 mg/Kg SubQ daily for creatinine clearance less than 30 mL / minute.
- ☐ Aspirin enteric coated 325 mg PO daily
- ☐ Warfarin (Coumadin)_____mg PO X 1 at (time):_____for (indication):_____ Goal INR:_____

Pre-medications Prior to Sheath Removal:
- ☐ Morphine Sulfate 2 mg IV Push X 1 dose, to be given 5 minutes prior to sheath removal, or
  - ☐ Hydromorphone (Dilaudid) 0.5 mg IV Push X 1 dose, to be given 5 minutes prior to sheath removal

Additional Orders:
- ☐ _____

12-hour Chart Check_____ **RN DATE:** _____ / _____ / _____ **TIME:**_____

T.O. _____**Taken by:** _____ ___/___/___, **TIME:** _____

TRANSCRIBED BY: _____ ___/___/___, **TIME:** _____ **NOTED BY:** _____ ___/___/___, **TIME:** _____

PHYSICIAN SIGNATURE: _____ **DATE:** _____ **TIME:** _____

PRINTED NAME/ID#:

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