

✓	PACEMAKER /AICD POST-PROCEDURE ORDERS	ROOM NO. _____
ALLERGIES: _____		HT _____ (Cm) WT _____ (Kg)
<p>A <input checked="" type="checkbox"/> indicates a selected order. If a defaulted order is not appropriate, draw a line through the order.</p> <p>Admission Status: <i>Must select one when patient is first admitted. Do NOT use to convert a patient's admission status.</i></p> <p><input type="checkbox"/> Out-Patient Surgery / Procedure with or without Out-Patient Recovery (SDC). (e.g. expected post-procedure recovery, pain management.)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Admit to Inpatient. Preferred unit: _____</p> <p>Diagnosis: _____</p> <p>Code Status: For DNAR status complete separate DNAR Physician Orderset</p> <p>Isolation (check all that apply):</p> <p><input type="checkbox"/> Airborne precautions</p> <p><input type="checkbox"/> Contact precautions</p> <p><input type="checkbox"/> Droplet precautions</p> <p>Vital Signs & Call Orders:</p> <p><input checked="" type="checkbox"/> Vital signs every 15 minutes X 4, then Q 30 minutes X 2, then per unit protocol</p> <p><input checked="" type="checkbox"/> Notify Cardiologist for hematoma, bleeding, and/or discharge from puncture site</p> <p><input type="checkbox"/> Other _____</p> <p>Nursing:</p> <p><input type="checkbox"/> 5 lb or <input type="checkbox"/> 2 lb sand bag over pacemaker site X _____ hours</p> <p><input type="checkbox"/> Original dressing to remain in place until _____</p> <p><input type="checkbox"/> Do not change dressing if it becomes soiled</p> <p><input type="checkbox"/> May change dressing if it becomes soiled</p> <p><input checked="" type="checkbox"/> Cardiac monitoring</p> <p><input type="checkbox"/> May go to / from procedure without cardiac monitoring</p> <p><input checked="" type="checkbox"/> Provide Heart Healthy instructions</p> <p><input checked="" type="checkbox"/> Advise patient not to smoke and to avoid second hand smoke.</p> <p><input type="checkbox"/> If hemodynamically stable, with no signs / symptoms of bleeding or hematoma, and meets discharge criteria, may discharge home at _____</p> <p>Activity:</p> <p><input type="checkbox"/> Bed rest until _____</p> <p><input type="checkbox"/> Activity as tolerated</p> <p><input type="checkbox"/> Arm sling to affected arm X _____ weeks</p> <p>12-hour Chart Check _____ RN DATE: ____ / ____ / ____ TIME: _____</p> <p>T.O. _____ Taken by: _____ / ____ / ____, TIME: _____</p> <p>TRANSCRIBED BY: _____ / ____ / ____, TIME: _____ NOTED BY: _____ / ____ / ____, TIME: _____</p> <p>PHYSICIAN SIGNATURE: _____ DATE: _____ TIME: _____</p> <p>PRINTED NAME/ID#: _____</p>		
		(COUNTER-SIGN ALL T.O. ORDERS WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)
		PATIENT ID _____



**PACEMAKER / AICD
POST-PROCEDURE ORDERS
PAGE 1 OF 2**

✓	PACEMAKER /AICD POST-PROCEDURE ORDERS	ROOM NO. _____
ALLERGIES:		HT _____ (Cm) WT _____ (Kg)
Nutrition:		
<input type="checkbox"/> Cardiac <input type="checkbox"/> Cardiac 2 Gm sodium <input type="checkbox"/> Cardiac 2 Gm sodium / Diabetic Carb Control _____ calories <input type="checkbox"/> Other _____		
Procedures:		
<input type="checkbox"/> CXR (1 view) Portable on arrival in unit; Reason for exam: _____ <input type="checkbox"/> 12-lead EKG on arrival in unit; Reason for exam: _____ <input type="checkbox"/> 12- lead EKG in a.m.; Reason for exam: _____		
LAB:		
<input type="checkbox"/> CBC at _____ <input type="checkbox"/> PT at _____		
IV Fluids:		
<input type="checkbox"/> _____ to run at _____ mL / hour X _____ hours <input type="checkbox"/> DC IV Fluids at _____, & convert to saline lock and flush per protocol <input type="checkbox"/> Saline lock, flush per protocol		
Medications:		
Analgesics		
<input type="checkbox"/> Acetaminophen (Tylenol) 650 mg PO Q 6 hours PRN headache or mild pain (scale 1-3). Total acetaminophen not to exceed 4000 mg / 24 hours) <input type="checkbox"/> 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		
<input type="checkbox"/> 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		
<input type="checkbox"/> 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		
Antibiotics		
<input type="checkbox"/> Cefazolin (Ancef) 1 Gm IVPB Q 8 hours X 2 doses from the time of wound closure, or For IgE mediated B-lactam allergy (i.e. hives, laryngospasm): <input type="checkbox"/> Vancomycin 1 Gm IVPB Q X 12 hours X 2 doses from the time of wound closure. Reason: <input type="checkbox"/> B-lactam allergy <input type="checkbox"/> active MRSA		
Additional Orders:		
<input type="checkbox"/> _____		
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)



**PACEMAKER / AICD
POST-PROCEDURE ORDERS
PAGE 2 OF 2**

PATIENT ID