

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

Cardiac Electrophysiology/Ablation Post-procedure Activity

Version 3 Approved 03/08/17

Pre-Line Removal

- Bed rest HOB flat with affected knee/leg straight [Reverse Trendelenburg OK]
- Bed rest HOB 0-30 degrees with affected knee/leg straight [Reverse Trendelenburg OK]

Post Line Removal

- Bed rest HOB flat for 4 hours after line removal then HOB 0-30 degrees with affected knee/leg straight until line 4 hours after line discontinued (bed rest for 4 hours total) [Reverse Trendelenburg OK]

Post Pacemaker Activity

- Patient positioning Immobilizer to _____ arm and instruct patient to keep upper arm at side
- Patient positioning: Do not to raise arms above shoulder height

Diet

- Advance diet as tolerated to HEART HEALTHY or _____

Nursing Orders

- Apply Femstop as needed for bleeding at access site and follow Femstop procedure guidelines
- Initiate Chest Pain Treatment Protocol as needed for chest pain
- Initiate Straight Cath/BVI Protocol if unable to void for more than 6 hours
- Communication order: Encourage oral fluids

Provide Education for:

- Electrophysiology
- Ablation
- Pacemaker

Pre-Line Removal Care

- Vital signs: Every 15 minutes x 4 then every 30 minutes x 2 then hourly while lines are in place
- Sheath management: monitor site for bleeding and peripheral pulses every 15 minutes x 4 then every 30 minutes x 2 then every hour until lines are discontinued

Point of Care Activated Clotting Time (ACT)

- every hour as needed for line removal

Remove sheath

- at _____(time)
- when ACT is less than 180 or _____
- using manual pressure for at least 15 minutes
- using Femostop following procedure guidelines

Post Line Removal Care

- Post line removal: monitor site for bleeding and peripheral pulses every 15 minutes x 4 then every 30 minutes x 2 then every hour until lines are discontinued
- Vital signs: every 15 minutes x 4 then every 30 minutes x 2 then hourly x 5 post line removal or until discharge if outpatient
- Notify provider for bleeding at access site, hematoma, any change in CMS to affected extremity, hypotension, dyspnea or chest discomfort

Initials _____

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Discharge

- Discharge in _____ hours after ambulating and medication reconciliation is complete
- Notify provider If patient is not stable for discharge within order timeframe

Respiratory

- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 94%
- Pulse oximetry, continuous until patient is awake then as needed

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain
- Convert Peripheral IV to Saline Lock

IV Fluids

Sodium Chloride 0.9% IV

- 125 milliliter/hour or _____ milliliter/hour Discontinue @ _____ (or at discharge)

Estimated GFR is less than 60 Select One:

Sodium Chloride 0.9% IV

- 125 milliliter/hour x 12 hours
- Sodium Bicarbonate in D5W 150 mEq/1,000 mL IV

- 125 milliliter/hour x 6 hours
- Consult to nephrology for IV fluid recommendations
- Convert Peripheral IV to Saline Lock after IV fluid discontinued if patient not ready for discharge

Medications

For pain, antiemetic, and laxative medications please select the pain convenience order set

Line Removal Analgesics: Opioids

fentaNYL

- 25 microgram intravenously once prior to line removal

Platelet Inhibitors: Salicylates

aspirin

- 81 milligram orally once a day
- 325 milligram orally once a day

Laboratory

Admission labs or labs to be obtained now:

- PT (PROTIME AND INR)
- PTT

Morning Draw:

- PT (PROTIME AND INR)
- PTT
- CBC/ NO DIFF
- BASIC METABOLIC PANEL
- LIPID PROFILE

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Diagnostic Tests

ECG

- Stat immediately following procedure; Reason for exam: _____
- Routine in AM; Reason for exam: _____

ECHO, Transthoracic Limited

- Stat; Indications: _____ Area of Focus: _____
Additional Instructions: _____
- Routine; Indications: _____ Area of Focus: _____
Additional Instructions: _____

Provider Signature: _____ Date: _____ Time: _____