(place patient label here) Patient Name: Order Set Directions: > (√)- Check orders to activate: Orders with pre-checked box ☑ will be followed unless lined out. > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made > Initial each page and Sign/Date/Time last page	BENEFIS HEALTH SYSTEM BENEFIS HOSPITALS PROVIDER ORDERS
Diagnosis:	
Allergies with reaction type:	
Cardioversion -Postprocedure Activity Bed rest then up with assistance when awake and stable	Version 1 11/10/14
Nursing Orders ☑ Vital signs-post procedure Q 15 min x 4, Q 30 min x2, than Q1H x2 then per ☑ Discharge criteria: Patient is easily awakened by normal or softly spoken verbal communication; Patient is oriented when awake as appropriate for age; Vital signs within pre-procedure levels and cardiac rhythm stable; There is no significant risk of losing protective reflexes; Patent is able to maintain pre-procedure mobility; Pain is controlled ☑ Discharge after hours if stable and all criteria are met [Medication Record to discharge] Discharge with a responsible person (someone who can received with the patient and call for assistance as instructed) ☑ Discharge Instructions: Patient should avoid alcohol, working with machinery, driving for at least 24 hours ☑ Follow up appointment with:	nciliation must be completed prior e and understand instructions, sta
Respiratory Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation g Pulse oximetry, continuous until awake and alert and oxygen saturation remaper unit standard of care	reater than 94% lins > 94 % then pulse oximetry
Diet ☑ Advance diet as tolerated Goal diet: Heart Healthy or	-
IV/ Line Insert and/or Maintain ☑ Convert Peripheral IV to Saline Lock discontinue just prior to discharge	
Diagnostic Tests	

ECG

Provider Signature:	Date:	Time:
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