

(place patient label here)

Patient Name: _____



Implantable Cardiac Device - POSTprocedure

Activity

- ☒ Head of Bed 45 Degrees

Additional Instructions:

- ☒ Bedrest With Bathroom Privileges

Additional Instructions: BRP with Assistance for 1 hour POSTprocedure, then Ad Lib if Vital Signs Stable

- ☐ No Side to Side Turning

- ☐ Do Not Raise Arms Above Shoulder Height

- ☐ Immobilizer

Additional Instructions: To Affected Arm and instruct patient to keep upper arm at side for _____ days

Vital Signs

- ☒ Vital Signs Post Procedure

Post Procedure VS Frequency: every 15 minutes x 4, every 30 minutes x 2, every hour x 4 and every 4 hours x 4

Additional Instructions:

Nursing Orders

- ☒ Telemetry

[☐continuously ☐for 48 hours]

May be off for showering or transport for diagnostic tests [☐Yes ☐No]

Additional Instructions:

- ☒ Full Monitor: Cardiac, Respiratory, O2 Saturation

Additional Instructions:

Respiratory/Nursing

- ☒ Oxygen Delivery RN/RT to determine

Flow Rate (lpm):

Titrate to Keep O2 Sat > or Range of (%): 92%

Additional Instructions:

Diet

- ☐ Advance Diet As Tolerated to goal of: Heart Healthy

IV/Line Insert and/or Maintain

- ☒ Convert Periph IV to Saline Lock

Additional Instructions: When tolerating oral intake

Initials: _____

(place patient label here)

Patient Name: _____



Implantable Cardiac Device - POSTprocedure

Radiology and Diagnostic Tests

☐ ECG [☐Stat ☐Routine]

Reason for ECG: _____

Additional Instructions:

☒ Pacemaker Evaluation

Reason for Exam: _____

Additional Instructions:

☐ XR Chest PA and Lateral

[☐Stat ☐Routine]

Reason for exam: _____

Additional Instructions:

☐ XR Chest Single AP View Only

Frequency: [☐Stat ☐Routine]

Reason for Exam: _____

Additional Instructions:

Consult Department

☐ Consult Physiatrist today for For Cardiac Rehabilitation

☐ Consult Other Provider today for _____

Provider's Signature _____ **Date:** _____ **Time:** _____

Initials: _____