

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

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

Diagnosis: _____

Allergies with reaction type: _____

Transesophageal Echocardiogram - Preprocedure

Version 2 10/26/2015

General

- ECHO, Transesophageal
Reason for Exam: _____
Service Date Requested: _____
Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology

Activity

- Up ad lib

Nursing Orders

- Cardiac monitor
- Notify provider of patient's arrival
- Initiate Opioid Induced Respiratory Depression Protocol For decreased respiratory rate (less than 8 breath/minute) or decreased respiratory depth with signs of over sedation such as decreased SpO2, pinpoint pupils, excessive somnolence or becoming unresponsive to physical or verbal stimuli in patients receiving opiate medications

Respiratory

- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 92%
- Pulse oximetry, continuous

Diet

- NPO 8 hours prior to procedure

IV/ Line Insert and/or Maintain

- Saline lock with saline flush every BID

IV Fluids

- Sodium Chloride 0.9% IV
 - 125 milliliter/hour continuous intravenous infusion Begin infusion one hour prior to procedure
 - _____ milliliter/hour continuous intravenous infusion Begin infusion one hour prior to procedure

Medications

- benzocaine 14%- butamben 2%- tetracaine hydrochloride 2% (CETACAINE)
 - 3 spray applied topically to throat on call for procedure
- fentaNYL
 - 50-100 microgram intravenously as needed for pain (on call for procedure)
- midazolam (VERSED)
 - 1-5 milligram intravenously as needed for anxiety (on call for procedure)

Laboratory

Preprocedure labs or labs to be obtained now:

- Select if not done in 48 hours prior to procedure
 - PTT PT (PROTIME AND INR)
 - Other: _____

Consult Provider

- Provider to provider notification preferred.
- Consult Anesthesia if general anesthesia will be needed for procedure
 - Consult other provider _____ regarding _____ Does nursing need to contact consulted provider? [] Yes [] No

Provider Signature: _____ Date: _____ Time: _____