

Patient Name _____ MRN _____

Case Request

Case Request

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|--|---------|
| <input type="checkbox"/> Case request ep lab | Details |
| <input type="checkbox"/> Other | |

Nursing

Consents

| | |
|---|---|
| <input type="checkbox"/> Complete consent for permanent pacemaker implantation | Routine, Once Procedure: Permanent pacemaker implantation Diagnosis/Condition: Physician: |
| <input type="checkbox"/> Complete consent for permanent pacing defibrillator implantation | Routine, Once Procedure: Permanent pacing defibrillator implantation Diagnosis/Condition: Physician: |
| <input type="checkbox"/> Complete consent for temporary pacemaker implantation | Routine, Once Procedure: Temporary pacemaker implantation Diagnosis/Condition: Physician: |
| <input type="checkbox"/> Complete consent for | Routine, Once Procedure: Diagnosis/Condition: Physician: |
| <input type="checkbox"/> Other | |

Vital Signs

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|---|----------------------------|
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Per unit protocol |
| <input type="checkbox"/> Other | |

Telemetry

| | |
|---|---|
| <input type="checkbox"/> Telemetry | "And" Linked Panel |
| <input type="checkbox"/> Telemetry monitoring | Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) PACU & Post-op |
| <input type="checkbox"/> Telemetry Additional Setup Information | Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 100 Low DBP(mmHg): 95 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94 PACU & Post-op |
| <input type="checkbox"/> Other | |

Telemetry

| | |
|------------------------------------|---------------------------|
| <input type="checkbox"/> Telemetry | "And" Linked Panel |
|------------------------------------|---------------------------|

| | |
|---|---|
| <input type="checkbox"/> Telemetry monitoring | Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Pre-op |
| <input type="checkbox"/> Telemetry Additional Setup Information | Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 100 Low DBP(mmHg): 95 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94 Pre-op |
| <input type="checkbox"/> Other | |

Diet

| | |
|---|---|
| <input type="checkbox"/> NPO | Diet effective now, Starting S NPO: Pre-Operative fasting options: (Hold diabetic medications morning of procedure) |
| <input type="checkbox"/> Diet-Clear Liquids | Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: For breakfast |
| <input type="checkbox"/> Other | |

Pre Procedure Nursing Interventions

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|---|---|
| <input type="checkbox"/> Insert peripheral IV-left arm | Routine, Once Insert large bore (at least 20 gauge) antecubital on left arm |
| <input type="checkbox"/> Insert peripheral IV-right arm | Routine, Once Insert large bore (at least 20 gauge) antecubital on right arm |
| <input type="checkbox"/> Insert and maintain Foley | |
| <input type="checkbox"/> Insert Foley catheter | Routine, Once Type: Size: Urinometer needed: |
| <input type="checkbox"/> Foley Catheter Care | Routine, Until discontinued, Starting S Orders: Maintain |
| <input type="checkbox"/> Void on call to Cath Lab | Routine, Once |
| <input type="checkbox"/> Other | |

Medications

Preoperative Antibiotics: For Patients LESS than or EQUAL to 120 kg

| | |
|---|--|
| <input type="checkbox"/> cefazolin (ANCEF) IVPB - For Patients LESS than or EQUAL to 120 kg | 2 g, intravenous, once, For 1 Doses, Pre-op Administer when notified by cath lab. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| <input type="checkbox"/> For Penicillin Allergic Patients - clindamycin (CLEOCIN) IV | 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Administer when notified by cath lab. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |

| | |
|---|--|
| <input type="checkbox"/> vancomycin (VANCOCIN) IVPB | 15 mg/kg, intravenous, once, For 1 Doses, Pre-op Administer when notified by cath lab. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| <input type="checkbox"/> Other | |

Preoperative Antibiotics: For Patients GREATER than 120 kg

| | |
|--|---|
| <input type="checkbox"/> cefazolin (ANCEF) IVPB - For Patients GREATER than 120 kg | 3 g, intravenous, once, For 1 Doses, Pre-op Administer when notified by cath lab. *** to be given Pre-Op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| <input type="checkbox"/> For Penicillin Allergic Patients - clindamycin (CLEOCIN) IV | 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Administer when notified by cath lab. *** to be given Pre-Op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| <input type="checkbox"/> vancomycin (VANCOCIN) IVPB | 15 mg/kg, intravenous, once, For 1 Doses, Pre-op Administer when notified by cath lab. *** to be given Pre-Op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| <input type="checkbox"/> Other | |

Labs

Laboratory on Arrival to Unit

| | |
|---|------|
| <input type="checkbox"/> Basic metabolic panel | Once |
| <input type="checkbox"/> CBC with platelet and differential | Once |
| <input type="checkbox"/> Prothrombin time with INR | Once |
| <input type="checkbox"/> Other | |

Cardiology

ECG

| | |
|--|---|
| <input type="checkbox"/> ECG Pre/Post Op | Routine, Once Clinical Indications: Interpreting Physician: On arrival |
| <input type="checkbox"/> Other | |

Physician Signature _____ Date _____