

Location: _____

Case Request

Case Request

- Case request ep lab** Once, Routine
Reason for exam ?
Preferred Time of Day:

Nursing

Consents

- Complete consent for left atrial appendage occlusion device** Once, Pre-Procedure, Routine
Procedure: ○ left atrial appendage occlusion device
Diagnosis/Condition:
Physician:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?
- Complete consent for temporary pacemaker implantation** Once, Pre-Procedure, Routine
Procedure: ○ Temporary pacemaker implantation
Diagnosis/Condition:
Physician:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?
- Complete consent for** Once, Pre-Procedure, Routine
Procedure:
Diagnosis/Condition:
Physician:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

Vital Signs

- Vital signs - T/P/R/BP** Per unit protocol, Pre-Procedure, Routine

Telemetry - PACU/PostOp

- Telemetry**
 - Telemetry monitoring** Continuous, 48, Hours, Routine
Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
Reason for telemetry:
Can be off of Telemetry for baths? Yes
Can be off for transport and tests? Yes
 - Telemetry additional setup information** Continuous, 48, Hours, Routine
High Heart Rate (BPM): 130.000
Low Heart Rate(BPM): 50.000
High PVC's (per minute): 10.000

Telemetry - Pre-Procedure

- Telemetry**
 - Telemetry monitoring** Continuous, 48, Hours, Routine
Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
Reason for telemetry:
Can be off of Telemetry for baths? Yes
Can be off for transport and tests? Yes
 - Telemetry additional setup information** Continuous, 48, Hours, Routine
High Heart Rate (BPM): 130.000
Low Heart Rate(BPM): 50.000
High PVC's (per minute): 10.000

Diet

- NPO** Diet effective now, Pre-Procedure, Routine, (Hold diabetic medications morning of procedure)
NPO:
Pre-Operative fasting options:

Sign: _____ Printed Name: _____ Date/Time: _____

Diet-Clear Liquids Diet effective now, Pre-Procedure, Routine, For breakfast

Diet(s): Clear Liquids

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Pre Procedure Nursing Interventions

- Insert peripheral IV-left arm** Once, Pre-Procedure, Routine, Insert large bore (at least 20 gauge) antecubital on left arm
- Insert peripheral IV-right arm** Once, Pre-Procedure, Routine, Insert large bore (at least 20 gauge) antecubital on right arm
- Insert and maintain Foley**
- Insert Foley catheter** Once, Routine
- Type:
- Size:
- Urinometer needed:
- Indication:
- Foley catheter may be removed per nursing protocol.
- Foley Catheter Care** Until discontinued, Routine
- Orders: Maintain
- Void on call to Cath Lab** Once, Pre-Procedure, Routine

Medications

PreOp Antibiotics

- Ceftriaxone + Vancomycin**
- cefTRIAxone (ROCEPHIN) IV** 2 g, intravenous, once, 1, Occurrences, Pre-op, STAT
- Type of Therapy: New Anti-Infective Order
- Reason for Therapy: Surgical Prophylaxis
- Indication:
- On call to the operating room. Administer one hour prior to the opening incision.
- Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur
- vancomycin (VANCOGIN) IV** 15 mg/kg, intravenous, once, 1, Occurrences, Pre-op, STAT
- Type of Therapy: New Anti-Infective Order
- Reason for Therapy: Surgical Prophylaxis
- Indication: Increased MRSA rate (operation specific)
- Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
- Indication:
- On call to the operating room. Administer one hour prior to the opening incision.
- Aztreonam + Vancomycin - For severe beta-lactam allergy**
- aztreonam (AZACTAM) IV** 2 g, intravenous, once, 1, Occurrences, Pre-op, STAT
- Type of Therapy: New Anti-Infective Order
- Reason for Therapy: Surgical Prophylaxis
- Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
- Indication:
- vancomycin (VANCOGIN) IV** 15 mg/kg, intravenous, once, 1, Occurrences, Pre-op, STAT
- Type of Therapy: New Anti-Infective Order
- Reason for Therapy: Surgical Prophylaxis
- Indication: Increased MRSA rate (operation specific)
- Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
- Indication:
- For Vancomycin Allergy - ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg**
- ceFAZolin (ANCEF) IV** 2 g, intravenous, STAT
- Indication: Surgical Prophylaxis
- Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
- For Vancomycin Allergy - ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg**

Sign: _____ Printed Name: _____ Date/Time: _____

ceFAZolin (ANCEF) IV 3 g, intravenous, STAT

Indication: Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Labs

COVID-19 Qualitative PCR

COVID-19 qualitative RT-PCR - Nasal Swab STAT, 1, Occurrences, Routine

Specimen Source: Nasal Swab

Is this for pre-procedure or non-PUI assessment? Yes

Specimen Source:

Laboratory on Arrival to Unit

Hemoglobin Once, 1, Occurrences, Pre-Procedure, Routine, Blood, 3

Prothrombin time with INR Once, 1, Occurrences, Pre-Procedure, Routine, Blood, 3

Creatinine level Once, 1, Occurrences, Pre-Procedure, Routine, Blood, 3

Albumin level Once, 1, Occurrences, Pre-Procedure, Routine, Blood, 3

Platelet count Once, 1, Occurrences, Pre-Procedure, Routine, Blood, 3

Basic metabolic panel Once, Pre-Procedure, Routine, Blood, 3

CBC with platelet and differential Once, Pre-Procedure, Routine, Blood, 3

Prothrombin time with INR Once, Pre-Procedure, Routine, Blood, 3

Cardiology

ECG

ECG Pre/Post Op Once, Pre-Procedure, Routine, 6, On arrival

Clinical Indications:

Interpreting Physician:

Sign: _____ Printed Name: _____ Date/Time: _____