



THE UNIVERSITY
OF KANSAS HOSPITAL
KUMED
3901 Rainbow Boulevard
Kansas City, Kansas 66160
PHYSICIAN'S ORDER FORM

PATIENT LABEL

MEDICATION SCHEDULE

bid 09-21 (alt 08-17) q2hours ODD or EVEN hours q12hours 09-21 (alt 01-13)
tid 09-15-21 q6hours 00-06-12-18 (alt 09-15-21-03) qDAY 09 (alt 21)
tid ac 07-11-17 qid 09-13-17-21 q hs 21
tid pc 09-13-19 q8hours 06-14-22 (alt 09-17-01) ac hs 07-11-17-21
tid w/meals 08-12-18

ROOM

All orders must be written in the metric system and must include date, time, physician's signature, and pager number.

NURSING:
Fax to pharmacy.
Record fax date/time.

ORDERS

EP PROCEDURAL SEDATION / MEDICATION ORDERS

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DATE & TIME	Cmp #	ORDERS	Rph Init
		Attending Physician: _____ Pager: _____	
	1.	Obtain consent for Moderate sedation	
	2.	Refer to Pre-Procedural orders for procedure(s), IV Fluids, diet status and pre-procedure medications.	
	3.	Monitoring: Per Sedation / Analgesia Policy for Moderate Sedation	
	4.	Medications appropriate for Moderate Sedation: Titrate to achieve level of sedation	
		Midazolam _____ mg IV Fentanyl _____ mcg IV	
		Diphenhydramine _____ mg IV Promethazine _____ mg IV	
	5.	Procedure Medications: Antibiotic Solution for irrigation: <input type="checkbox"/> Cefazolin 1 gm /Liter of NS <input type="checkbox"/> Vancomycin 1 gm/Liter of NS	
		<input type="checkbox"/> Isoproterenol drip 1mg in 500 mL Dextrose 5% IV fluids titrate to desired patient response.	
		<input type="checkbox"/> Heparin bolus _____ units x 1 with a maintenance IV drip of 1000 units/hour x _____ hours.	
		<input type="checkbox"/> Iodixanol _____ ml for Venogram	
	6.	Medications for Reversal:	
		USE OF THESE MEDICATIONS REQUIRES ADDITIONAL POST PROCEDURE MONITORING.	
		Naloxone _____ mg IV x 1 Flumazenil _____ mg IV x 1	
	7.	Monitor vital signs and discharge score every 15 minutes for minimum of one hour until patient reaches preprocedure score. (Suggested monitoring times 1 hour for Naloxone and 2 hours for Flumazenil)	
	8.	Oxygen therapy: Maintain oxygen saturation \geq 92% or pre-op level during procedure.	

Date: _____ Physician Signature _____ Pager _____

Another brand of drug identical in form and content may be dispensed unless noted on order.

EP PROCEDURAL SEDATION / MEDICATION ORDERS