



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

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

ELECTROPHYSIOLOGY STUDY AND/OR RADIOFREQUENCY ABLATION POST-PROCEDURE ORDERS

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DATE & TIME

C m p #

1. Resume all pre-procedure orders that are not superceded by these orders.
2. **Check Vitals Signs, Cath Site, & Distal pulses** q 15 min X 4, q 30 min X 2, q 1 hour X 4, q 2 hours X 2, q 4 hours until 24 hours after sheath dc'd or patient is discharged. Restart checks after any bleeding episode post sheath removal. Notify physician and EP Nurse with abnormals. Follow Sheath Removal / Post Sheath Removal Standard of Care.
Cath Site: Femoral Vein: Right Left Femoral Artery: Right Left
Other: _____
3. O₂ saturation on arrival. Continuous pulse oximetry X 4 hrs; continue if SpO₂ <92%.
 O₂ 2-4L/min per Nasal Cannula prn for SpO₂ <92%.
4. Telemetry Monitoring
 May place monitor on standby for bathing, test(s), and procedure(s).
 Continuous telemetry required, RN to accompany patient to test/procedures.
5. **Diet:**
 Resume liquids and advance as tolerated when fully awake or to pre-procedure status.
 Keep NPO X _____ hours, then begin liquids & advance as tolerated to prior diet.
6. **IV:**
 Continue current IV fluids @ 50mL/hour, change IV to saline lock when patient able to eat/drink.
 Continue IV _____ NS@ _____ mL/hour X _____ hours, then convert to saline lock. If patient unable to take po at that time, notify physician or EP nurse.
7. **Activity:**
May elevate HOB 30°: Now - or- @ _____ time.
Bedrest for _____ hours after hemostasis obtained, keeping _____ leg (s) straight. First ambulation with hospital staff assistance only.
8. **Post-procedure ECG:** today @ _____ in AM before 0700
9. Discontinue the following medications:

10. **PRN Medications:**
 Acetaminophen 650mg po q 4hours prn mild pain
 Acetaminophen 300mg/ Codeine 30mg po q 4 hours prn moderate pain. May repeat X1 within 4 hrs if pain persist.
 Promethazine 12.5mg IV q 6 hours prn nausea. May repeat X1 within 6 hours if nausea persist.
 Aluminum & Magnesium Hydroxide 30mL po q 4 hours prn indigestion

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

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11. **Other Medications:**
 ASA 325mg po daily, if not already ordered.

12. **Anticoagulation:**

Heparin None
 _____ units/hour , start _____ hours post sheath removal.
 Resume @ previous drip rate.
 Follow Heparin infusion scale for drip titration (see Weight Based Heparin Protocol order set).
No boluses for _____ hours -or- until Ok'd by EP service.
 Follow Weight Based Heparin Protocol (see attached order set).

Warfarin None
 Resume _____ mg on _____, then _____ mg daily.
 Resume at previous dosage/schedule.

Check with rounding staff
 INR q AM

13. Follow the Arterial/Venous Sheath Removal Standard of Practice and Procedures.
 Manual sheath removal for **arterial** line.
 Implement ACT sheath removal standard.
 Other: _____

Medications for sheath removal (if not allergic):
 Diazepam up to 7.5mg IV (not to exceed 0.09 mg/kg)
 Morphine Sulfate up to 4mg IV (not to exceed 0.05 mg/kg)

Manual sheath removal for **venous** line. Remove sheath(s) in _____ hrs.

Post arterial sheath removal apply: Compression device (Femostop) x 3 hrs at 30- 40 mm Hg or at _____

Date: _____ Physician Signature _____ Pager _____

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ELECTROPHYSIOLOGY STUDY AND/OR RADIOFREQUENCY ABLATION POST-PROCEDURE ORDERS
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