



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 PRE-PROCEDURE ORDERS
(Page 1 of 1)

- | | | |
|-------------|-------|---|
| DATE & TIME | Cmp # | |
| | | 1. Consent for procedure on (date) _____ by Dr. _____
<input type="checkbox"/> Electrophysiology Study <input type="checkbox"/> Radiofrequency Ablation <input type="checkbox"/> Transeptal Catheterization
<input type="checkbox"/> Device Implant <input type="checkbox"/> Arterial Line <input checked="" type="checkbox"/> Moderate Sedation
<input type="checkbox"/> Other _____ |
| | | 2. NPO after midnight except for medications. Hold: _____ |
| | | 3. Start IV (at least 20 gauge) by _____.
<input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Either arm <input type="checkbox"/> D5 1/2 N/S <input type="checkbox"/> 1/2 N/S @ _____ mL/hr. |
| | | 4. Pre-procedure preparation – use clippers:
<input type="checkbox"/> Both Groins <input type="checkbox"/> Left Subclavian <input type="checkbox"/> Right Subclavian <input type="checkbox"/> Right Internal Jugular |
| | | 5. Pre-procedure sedation: <input type="checkbox"/> No Pre-procedure sedation
On Unit/Floor: <input type="checkbox"/> Diazepam _____ mg po at _____.
<input type="checkbox"/> Other _____
In EP Holding: <input type="checkbox"/> Midazolam _____ mg IV to a total of _____ mg as needed.
<input type="checkbox"/> Other _____ |
| | | 6. <input type="checkbox"/> DC IV Heparin @ _____ <input type="checkbox"/> DC Enoxaparin @ _____ <input type="checkbox"/> Hold Coumadin _____ |
| | | 7. AM insulin on day of procedure:
<input type="checkbox"/> Hold regular and give 1/2 of NPH dose <input type="checkbox"/> Hold oral hypoglycemia agents in am
<input type="checkbox"/> Hold all insulin <input type="checkbox"/> Other _____ |
| | | 8. Lab studies: Notify physician if abnormal.
<input type="checkbox"/> By 0600 AM of Procedure <input type="checkbox"/> On Admission <input type="checkbox"/> Now
<input type="checkbox"/> CBC with diff <input type="checkbox"/> BMP <input type="checkbox"/> INR/PTT <input type="checkbox"/> Beta HCG for women of child-bearing age |
| | | 9. Complete CV Lab Checklist and assure the following information is included:
<input checked="" type="checkbox"/> Height <input checked="" type="checkbox"/> Weight <input checked="" type="checkbox"/> Hgb <input checked="" type="checkbox"/> Electrolytes and Creatinine <input checked="" type="checkbox"/> Signed Consent <input checked="" type="checkbox"/> ECG <input checked="" type="checkbox"/> Allergies |
| | | 10. <input type="checkbox"/> No foley catheter, have patient void on call to procedure.
<input type="checkbox"/> Insert foley catheter. |
| | | 11. The patient is to wear only a hospital gown. |
| | | 12. The EP Lab staff will call for patient when ready. |
| | | 13. Family to accompany patient to EP Lab waiting room. |

Date: _____ Physician Signature _____ Pager _____

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

ELECTROPHYSIOLOGY STUDY AND/OR RADIOFREQUENCY ABLATION PRE-PROCEDURE ORDERS