



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

IMPLANTABLE CARDIAC DEVICE/PACEMAKER PRE-PROCEDURE ORDERS

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DATE & TIME	Cmp #	ORDERS
	1.	Consent for procedure on (date) _____ by Dr. _____ Do Not Use Abbreviations. <input type="checkbox"/> Pacemaker Cardioverter Defibrillator/Implantable Cardiac Device (ICD) <input type="checkbox"/> Implantation <input type="checkbox"/> Generator Replacement <input type="checkbox"/> Testing <input type="checkbox"/> Revision <input type="checkbox"/> Permanent Pacemaker <input type="checkbox"/> Implantation <input type="checkbox"/> Generator Replacement <input type="checkbox"/> Revision <input type="checkbox"/> Biventricular System with Left Ventricle Lead Placement and Angiography <input type="checkbox"/> Implantation <input type="checkbox"/> Generator Replacement <input type="checkbox"/> Testing <input type="checkbox"/> Revision <input type="checkbox"/> Lead Extraction, Arterial Line, Temporary Transvenous Pacemaker <input type="checkbox"/> Implanted Event Recorder <input type="checkbox"/> Temporary Transvenous Pacemaker <input type="checkbox"/> Arterial Line <input checked="" type="checkbox"/> Moderate Sedation <input checked="" type="checkbox"/> Device Company Representative to be in room. <input type="checkbox"/> Other: _____
	2.	NPO after midnight except for medications. Hold: _____
	3.	Implantation site will be: (IV must be on same side as implant) <input type="checkbox"/> Right Infraclavicular <input type="checkbox"/> Left Infraclavicular <input type="checkbox"/> Abdomen
	4.	Start IV (at least 20 gauge) by: _____ <input type="checkbox"/> Right ONLY <input type="checkbox"/> Left ONLY <input type="checkbox"/> Both <input type="checkbox"/> Either Arm <input type="checkbox"/> D5 1/2 N/S <input type="checkbox"/> 1/2 N/S @ _____ mL/hour
	5.	Pre-procedure preparation: Use clipper on patient's entire chest area and bilateral shoulders, followed by Hibiclens scrub over prepped area. Include abdomen if implant site is abdominal. Include bilateral groin areas for a biventricular system or a temporary transvenous pacemaker. Remove ECG pads from anterior chest on call to EP Lab.
	6.	Patient prep to be completed by 0700 AM of procedure.
	7.	Pre-procedure sedation: <input type="checkbox"/> No pre-procedure On Unit/Floor: <input type="checkbox"/> Diazepam _____ mg po at _____. <input type="checkbox"/> Other _____ On Unit/Floor: <input type="checkbox"/> Midazolam _____ mg IV to a total of _____ mg as needed. <input type="checkbox"/> Other _____
	8.	<input type="checkbox"/> DC IV Heparin @ _____ DC Enoxaparin @ _____ <input type="checkbox"/> Hold Coumadin _____
	9.	<input type="checkbox"/> Vancomycin _____ IV 1 hr prior to procedure (EP Lab to notify RN) <input type="checkbox"/> Cefazolin 1 gm IV (to be given by the EP Lab RN prior to procedure) <input type="checkbox"/> Other _____
	10.	AM insulin on day of procedure: <input type="checkbox"/> Hold regular & give 1/2 of NPH dose <input type="checkbox"/> Hold all insulin <input type="checkbox"/> Hold oral hypoglycemia agents in am <input type="checkbox"/> Other _____

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

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DATE & TIME C m p # **ORDERS**
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- 11. **Contrast Allergy:** NA
 Prednisone 60 mg po the night prior to and the AM of the procedure
 Diphenhydramine 50 mg po the AM of the procedure
 Famotidine 20 mg po the AM of the procedure
- 12. **Contrast Nephropathy Prophylaxis:** NA
 Acetylcysteine 20% 600mg PO twice daily X 2 days. First two doses to be given on day prior to procedure.
 Hold all Non Steroidal Anti-Inflammatory Drugs (i.e. ibuprofen, naproxen, indomethacin, ketorolac, celecoxib, etc.) for 48 hours beginning the day of the procedure (date _____)
 Hold all diuretics for 48 hrs beginning the day of the procedure (date _____)
 Hold other medications: _____
 Lab: BMP daily x 3
- 13. **CXR PA & lateral:** Not needed
 On Admission Obtain most recent x-ray from radiology Send x-ray to EP lab with patient
- 14. **Lab studies:** Notify physician if abnormal.
 By 0600 AM of Procedure On Admission Now
 CBC with diff BMP INR/PTT Beta HCG for women of child-bearing age
- 15. **Type and hold (complete for lead extraction only)**
- 16. Consult Anesthesia. Complete the Anesthesia Questionnaire and place on front of chart.
- 17. **Complete CV Lab Checklist and assure the following information is included:**
 Height Weight Hgb Electrolytes and Creatinine Signed Consent ECG Allergies
- 18. No foley catheter, have patient void on call to procedure.
 Insert foley catheter.
- 19. The patient is to wear only a hospital gown.
- 20. The EP Lab staff will call for patient when ready.
- 21. Family to accompany patient to EP Lab waiting room.

Date: _____ Physician Signature _____ Pager _____

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