THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160 PHYSICIAN'S ORDER FORM	Do not write in this box DT0017	PATIENT LABEL

DATE & TIME	#	ORDERS PROCAINAMIDE CHALLENGE FOR BRUGADA SYNDROME
		Reference:
		Allergies:_____ **Patient Weight:**_____ **Kg**
	1.	**Admit to:** CICU.
	2.	**Attending Physician:**_____ **Pager:**_____ **Resident Physician:**_____ **Pager:**_____
	3.	**Vital Signs:** Monitor vital signs continuously during infusion
	4.	**Nursing:** Monitor telemetry continuously during infusion
	5.	**Laboratory:** • Magnesium • Potassium ☐ Other:_____
	6.	**Cardiology:** • Obtain baseline 12 lead ECG • Obtain 12 lead ECG post infusion at the following intervals: 0 minutes (immediately post infusion) 10 minutes 20 minutes 30 minutes 60 minutes 120 minutes 180 minutes
	7.	**Medications:** Infuse Procainamide @ 10mg/kg IV over 20 minutes
	8.	Stop infusion if VT/VF occurs or if QRS widening of > 30% is observed. Notify EP fellow or CV fellow immediately.
	9.	**Call physician for:** Notify EP fellow or CV fellow after each ECG for physician review.

Physician Signature: _____ Pager: _____

PROCAINAMIDE CHALLENGE FOR BRUGADA SYNDROME (Page 1 of 1)