

Hospitalize As: ☐ Inpatient ☐ Outpatient/Observation Care of Dr. _____

Diagnosis: _____

Code Status: ☐ Full Code ☐ DNR ☐ Limitation of Treatment _____

All "pre-checked" orders will automatically be enacted unless a specific order is written to the contrary.
Any additional orders must be "checked" to activate.

Diet: _____

Procedure: ☐ EP Study and possible device implant/upgrade ☐ EP Study with Ablation

Print the following order if indicated for the patient:

- 6011-03MR – DVT Prophylaxis

Patient Care Orders

- ☐ Document BP from L/R arms L_____ R_____
- ☐ Document height and weight Height_____ Weight_____
- ☐ Assess and mark distal pulses
- ☐ IV #20 or larger inserted in ____ L arm ____ R arm ____ L/R arm
- ☐ Clip hair and prep bilateral groin, subxiphoid area, chest and back for EP mapping
- ☐ Place NPO starting 8 hours prior to procedure. May have clear liquids until 2 hours prior to procedure. Continue PO medications as ordered.

Urinary Cath (Foley)

- ☐ Insert or continue per urinary catheter policy MS-50
- ☐ Urinary Cath (Foley): Bladder Scan (as needed), Pericare, Catheter anchoring device used, Drainage bag below level of bladder at all times, and Assess for discontinuation

Laboratory

- ☐ PT/INR Timing Critical morning of procedure
- ☐ Type and Screen (ABO, RH antibody) morning of procedure
- ☐ CBC with Platelet No Differential Timing Critical morning of procedure
- ☐ HCG, Quantitative unless older than 55 or hysterectomy. Timing Critical morning of procedure.
- ☐ Magnesium Timing Critical morning of procedure
- ☐ BMP
- ☐ FSBS prior to procedure

Diagnostics

- ☐ EKG Pre-Procedure, morning of procedure, Non-cardiology (reason: arrhythmia)

Medications

- Refer to Medication Reconciliation Form #: 6011-123MR
- ☐ Diabetic NPO Orders

IV Fluids

- ☐ Sodium Chloride 0.9% 1000 mL @ 25 ml/hr, start _____ hours pre-procedure

Physician Signature

Date / Time

Wentworth-Douglass Hospital
PHYSICIAN ORDERS
ELECTROPHYSIOLOGY
PRE-PROCEDURE



PO0020

7031-110MR
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