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

7031−110MR  PO0020
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