

Please Place Patient Label Here
DO NOT COVER BARCODE



PHYSICIAN'S ORDER FORM - OUTPATIENT

INSERTION OF INTERNAL CARDIOVERTER DEFIBRILLATOR/

PERMANENT PACEMAKER

USE BALL POINT PEN. PHYSICIAN'S SIGNATURE REQUIRED FOR EACH ORDER ****BLACK INK ONLY****

DRUG ALLERGIES / ADVERSE DRUG REACTIONS (INCLUDE REACTION IF KNOWN)

Refer to the Allergy Documentation Sheet located in Order Section for allergy details.

UNACCEPTABLE ABBREVIATIONS: ARA^a, AZT, HCT, HCTZ, Mg SO₄, MSO₄ / MS, MTX, Norflox, TAC, ZnSO₄, CPZ, IU,QD, QOD, U x3d, x4d, µg, etc. *****For complete list please reference medical record*****

Physician & Nurse **MUST** sign each set of orders & record date & time

Each Drug order should contain: Drug Name, Dose, Route, Frequency & PRN indication.

NON-DRUG ORDERS

DRUG & IV ORDERS

PRE-PROCEDURE ORDERS – START DATE:

Obtain signed consent for:

- Insertion of Internal Cardioverter Defibrillator
- Insertion of Permanent Pacemaker

CBC, SMA-7 within 28 days prior to procedure

NPO

EKG, history and physical, attending note and EP doctors' note must be on chart before admission to the O.R.

Insert one Saline Lock to each arm (Right and Left)

Saline Lock flush per routine.

- Antibiotic

Cefazolin

For patients **less than or equal to 80 Kg.** 1 gm I.V. Send to O.R.
For patients **greater than 80 Kg.** 2 gm I.V. Send to O.R.

If patient allergic to Penicillin (hives/anaphylaxis) do not use Cefazolin.

Instead use:

Vancomycin

For patients **less than or equal to 100 Kg.** 1 gm I.V. over 1 hour
For patients **greater than 100 Kg.** 1.5 gm I.V. over 90 minutes

PHYSICIAN

DATE

TIME

NURSE NOTING ORDERS

DATE

TIME

POST-OP ORDERS:

Record vital signs and check insertion site

- per ODU routine

Other – specify:

- Telemetry monitoring

- May go to tests off telemetry

CXR (PA & Lateral) in 2 hours to assess lead placement (results called to MD or NP)

Sips of clear liquids advanced to regular diet as tolerated

Activity:

May be OOB with assistance when fully awake and ambulate as tolerated

R L arm should not be raised above shoulder.

DISCHARGE:

May be discharged when ODU surgical discharge criteria achieved (see reverse for criteria)

- other / exceptions – specify:

POST-OP ORDERS:

Intravenous fluids:

- continue present IV solution at _____ ml / hr

May discontinue IV when tolerating fluids well

Pain Medication:

- may give Lorcet p.o. 1 tab q 4 h prn for moderate pain

- may give Tylenol 650 mg p.o. q 4 h prn for mild pain / HA

IT IS THE RESPONSIBILITY OF THE PHYSICIAN TO WRITE OTHER ORDERS RELATED TO MEDICAL MANAGEMENT OF THE PATIENT.

PHYSICIAN

DATE

TIME

NURSE NOTING ORDERS

DATE

TIME

**CRITERIA FOR DISCHARGE OF
SURGICAL PATIENTS FROM THE
ONE DAY UNIT**

General Surgical Patients

1. Vital signs stable, including temperature (BP within 20% of pre-procedure level).
2. Able to swallow / cough.
3. No signs / symptoms of respiratory distress.
4. Minimal nausea, vomiting, dizziness, or pain. Pain controllable without medication or with oral analgesics only.
5. Return to pre-procedure level of consciousness, mental status, and muscle strength. (Exception: Physician documents expectations of decreased muscle strength.)
6. Able to resume pre-operative level of activity or ambulation status consistent with developmental age level and surgical procedure.
7. Minimal bleeding or drainage at surgical site. (Exception: Physician documents expectation of greater amount of bleeding / drainage.)
8. Accompanied by responsible adult.
9. Receipt of verbal and written discharge instructions.
10. Adequate neurovascular status of operative extremity (i.e., palpable pulse, warm to touch, motion / sensation present, and / or blanching of nail beds).

Spinal or Epidural Anesthetic:

1. Achievement of criteria described above.
2. Demonstrate return of strength, proprioception, and autonomic reflexes.
3. Able to ambulate (consistent with pre-operative level of activity).
4. Absence of postural hypotension.