ST. JOSEPH'S Hospital Health Center
301 Prospect Avenue
Syracuse, NY 13203

Please Place Patient Label Here
DO NOT COVER BARCODE

1000

Physician's Order Form

ELECTROPHYSIOLOGY LABORATORY
NON-INVASIVE ICD CHECK (INPATIENT):

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: ARAºA, 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:	1. Saline Lock flush per routine.
1. Obtain signed consent for:	
Non-Invasive Internal Cardioverter Defibrillator Test	
2. SMA-7, Digoxin level (if applicable) within 14 days.	
3. NPO after midnight except for meds with sips of water.	
4. Vital signs per routine.	
5. History and physical, attending note and EP doctor's note	
must be on hospital chart before admission to laboratory.	
6. Insert Saline Lock for MFIV (left arm preferred).	
7. Have patient void ON CALL to Electrophysiology Laboratory.	

PHYSICIAN	DATE	TIME
NURSE NOTING ORDERS	DATE	TIME

POST-PROCEDURE ORDERS:	
1. When awake and alert, resume previous diet and medications.	1. Saline Lock flush per routine
2. Record vital signs Q15 min x 1 hr; Q30 min x 1 hr;	2. Zofran 4mg IV q8h PRN nausea & vomiting
q 4 hrs x 4; then daily	
3. Activity as tolerated.	
4. Telemetry monitoring	

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