

Please Place Patient Label Here  
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**PHYSICIAN'S ORDER FORM  
ELECTROPHYSIOLOGY LABORATORY**

**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 <b>MUST</b> sign each set of orders & record date & time	Each Drug order should contain: Drug Name, Dose, Route, Frequency & PRN indication.
<b>NON-DRUG ORDERS</b>	<b>DRUG &amp; IV ORDERS</b>
<b>PRE-PROCEDURE ORDERS – START DATE:</b>	
1. Obtain signed consent for: INSERTION OF INTERNAL CARDIOVERTER DEFIBRILLATOR INSERTION OF PERMANENT PACEMAKER	1. Saline Lock flush per routine.
2. CBC, SMA-7 within 21 days prior to procedure.	2. <input type="checkbox"/> Antibiotic
3. NPO after midnight except for meds with sips of water.	Cefazolin
4. Vital signs per routine.	For patients <b>less than or equal to 80 Kg.</b> 1 gm I.V. Send to OR. For patients <b>greater than 80 Kg.</b> 2 gm I.V. Send to OR
5. EKG, history and physical, attending note and EP doctors' note must be on chart before admission to the OR.	<b>If patient allergic to Penicillin</b> (hives/anaphylaxis) do not use Cefazolin.
6. Insert one Saline Lock to each arm (Right and Left)	Instead use:
7. Have patient void ON CALL to OR.	Vancomycin
8. To OR, <b>ON/OFF</b> telemetry.	For patients <b>less than or equal to 100 Kg.</b> 1 gm I.V. over 1 hour For patients <b>greater than 100 Kg.</b> 1.5 gm I.V. over 90 minutes
	3. Normosol-R @ _____ in L / R arm, start at _____.
	(Date/Time)

<b>PHYSICIAN</b>	<b>DATE</b>	<b>TIME</b>
<b>NURSE NOTING ORDERS</b>	<b>DATE</b>	<b>TIME</b>

<b>POST-PROCEDURE ORDERS:</b>	
1. When awake and alert, resume previous diet and medications.	1. Saline Lock flush per routine.
2. Record vital signs and check insertion site Q15 min x 2 hrs; Q1 hr x 4 hrs; Q2 hrs x 2; Q4 hrs x 4 then once per day.	2. For pain Control <input type="checkbox"/> Lorcet 1 tablet po q 4h PRN
3. Portable CXR in PACU.	3. <input type="checkbox"/> Antibiotic – duration x 24h
4. CXR PA & Lat @ 0600, ON/OFF telemetry.	Cefazolin
5. Activity: _____	For patients <b>less than or equal to 80 Kg.</b> 1 gm I.V. q8h For patients <b>greater than 80 Kg.</b> 2 gm I.V. q8h
6. Immobilize R L arm with sling x 12 hrs.	<b>If patient allergic to Penicillin</b> (hives/anaphylaxis) do not use Cefazolin.
7. Telemetry monitoring.	Cefazolin.
8. R L arm should not be raised above shoulder.	Instead use:
9. CBC, SMA-7 in a.m.	Vancomycin
	For patients <b>less than or equal to 100 Kg.</b> 1 gm I.V. q24h For patients <b>greater than 100 Kg.</b> 1.5 gm I.V. q24h

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

<b>PHYSICIAN</b>	<b>DATE</b>	<b>TIME</b>
<b>NURSE NOTING ORDERS</b>	<b>DATE</b>	<b>TIME</b>