

Please Place Patient Label Here  
DO NOT COVER BARCODE



**Physician's Order Form**  
**ELECTROPHYSIOLOGY LABORATORY**  
**ELECTROPHYSIOLOGY STUDY, RADIOFREQUENCY ABLATION**

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><u>MUST</u></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 Electrophysiology Study Radiofrequency Ablation	1. Saline Lock flush per routine.
2. CBC, SMA-7 within 14 days.	
3. NPO after midnight except meds with sips of water.	
4. Vital signs per routine.	
5. History and physical, attending note and EP doctors' note must be on chart before admission to the laboratory.	
6. Insert ____ Saline Lock(s) for MFIV in L/R arm (L arm preferred)	
7. To EP Laboratory <b>ON/OFF</b> telemetry.	

<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 Q15 min x 1 hr; Q30 mins x 1 hr; Q1 hrs x 4hrs; Q2hrs x 4 , Q4hrs x 4; then daily.	2. <input type="checkbox"/> Tylenol 650 mg po q6h PRN pain.
3. Check access sites for bleeding, color, sensation, and temperature with vital signs.	3. <input type="checkbox"/> Zofran 4 mg IV q8h PRN nausea & vomiting.
4. <input type="checkbox"/> Femoral Vein approach: Bedrest x 4 hrs. Head of bed up to 45 degrees. Keep leg(s) straight. Change Band-Aid daily, may remove after 48 hrs.	
5. <input type="checkbox"/> Femoral Artery Approach (after sheath removal): Bedrest x 6 hrs. Check distal pulses with vital signs. Head of bed may be elevated 45 degrees. Keep leg(s) straight 5# sandbag on groin for 6 hrs. After 6 hrs remove sandbag and apply Band-Aid and antibiotic ointment to site(s), change daily, may remove after 48 hrs.	
6. <input type="checkbox"/> Internal Jugular/Subclavian Approach: Portable CXR ASAP. Remove Band-Aid(s) after 48 hours	
7. If bleeding noted, apply direct pressure & contact EP Lab MD.	
8. Ambulate after _____ hrs.	
9. Discharge _____ hrs. after ambulation, if no bleeding complications	

**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>