Cardioversion Pre Procedure  [30400051]

If appropriate for this patient:
- Stop heparin infusion 4 to 6 hours prior to surgery
- Hold prophylactic LMWH for at least 12 hours before anticipated neuraxial anesthetic
- Hold LMWH for 24 hours if therapeutic dose being used prior to neuraxial anesthetic

Height_____________________
Weight_____________________
Allergies____________________

General
Case Request

Case Request, Case Request
Primary Provider: ____________________(Required)
Location: ____________________(Required)
Procedure: ________________(Required)
Length of Time:
Special Needs:
Who is doing H&P:
Add-on case:
Clinical trial:
Diagnosis codes:
Pre-op Diagnosis: ____________________(Required)
Pre-op risk screen completed: ________________(Required)
Pre-op visit type:
Pre-op visit preferred date/time:

Consent

Verify informed consent
Routine, Once, Starting today
Indicate one of the following to confirm the patient/representative has given informed consent for blood products.
Consent form: ____________________(Required)
Pre-Procedure

Vital Signs

Vital signs
Routine, Every 4 hours, Starting today, Per unit protocol., Pre-Procedure

Cardiac monitor
Routine, Until discontinued, Starting today, Pre-Procedure

Notify Provider

PROVIDER INITIALS: __________
**PHYSICIAN ORDERS**

### Patient Information

- Call abnormal lab results
- Routine, Until discontinued, Starting today
- Pulse greater than:
- Respiratory rate less than:
- Respiratory rate greater than:
- Temperature greater than (celsius):
- Urine output less than (mL/hr):
- Systolic BP greater than:
- Systolic BP less than:
- Diastolic BP greater than:
- Diastolic BP less than:
- Other:
- Prior to cardioversion., Pre-Procedure

### Activity

- Up ad lib
- Routine, Until discontinued, Starting today, Pre-Procedure

### Diet

- Diet NPO
  - Diet effective now, Starting today
  - NPO Except:
  - Diet Comments:
  - Pre-Procedure

### Nursing Assessment

- Intake and Output
  - Routine, Every shift, Starting today, Per unit protocol., Pre-Procedure
- Height and weight
  - Routine, Once, Starting today, On arrival., Pre-Procedure
- POCT glucose
  - Routine, Once, Starting today For 1 Occurrences, 1. If patient diabetic times 1 PRN. 2. Notify Physician if blood glucose less than 70 mg/dL or greater than 200 mg/dL., Pre-Procedure
- POCT glucose by Accucheck
  - Routine, As needed, Starting today, Notify Physician if blood glucose less than 70 mg/dL or greater than 200 mg/dL., Pre-Procedure

### Nursing Intervention

- Contact device representative
  - Routine, Until discontinued, Starting today, Pre-Procedure
  - Cardioversion device: _______________ (Required)
- Schedule Respiratory Therapy to attend cardioversion
  - Routine, Until discontinued, Starting today, Pre-Procedure
- Have patient void
  - Routine, Until discontinued, Starting today, Prior to procedure., Pre-Procedure
- Oxygen therapy
  - Routine, Continuous, Starting today
  - O2 Delivery Method: Nasal cannula
  - Indicate LPM/FiO2: 2 LPM
  - Titrate to saturation of: 92%
  - Indications for O2: Hypoxemia
  - Pre-Procedure

**PROVIDER INITIALS: __________**

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Page 2 of 4
Cardioversion Pre Procedure [30400051]

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Franciscan Health System
St. Joseph Medical Center
St. Francis Hospital - St. Clare Hospital
St. Elizabeth Hospital - St. Anthony Hospital
Highline Medical Center
Hawthorne Medical Center
Franciscan Medical Group
Harrison HealthPartners
Regional Hospital

**PHYSICIAN ORDERS**
<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have available at bedside</td>
<td>Routine, Until discontinued, Starting today, Suction set up with tonsil tip and nasal trach catheter</td>
</tr>
<tr>
<td></td>
<td>• DynaMap</td>
</tr>
<tr>
<td></td>
<td>• Pulse oximetry</td>
</tr>
<tr>
<td></td>
<td>• O2 mask</td>
</tr>
<tr>
<td></td>
<td>• Ambu bag and mask</td>
</tr>
<tr>
<td></td>
<td>• Oral airway</td>
</tr>
<tr>
<td></td>
<td>• Crash cart with defibrillator and cardioversion pads, Pre-Procedure</td>
</tr>
<tr>
<td>Labs</td>
<td></td>
</tr>
<tr>
<td>CBC and differential</td>
<td>Once, Starting today For 1 Occurrences, Pre-Procedure</td>
</tr>
<tr>
<td>Basic metabolic panel</td>
<td>Once, Starting today, Pre-Procedure</td>
</tr>
<tr>
<td>Quinidine Level (if on Quinidine)</td>
<td>Once, Starting today, Pre-Procedure</td>
</tr>
<tr>
<td>PT/INR (If on Coumadin)</td>
<td>Once, Starting today For 1 Occurrences, Pre-Procedure</td>
</tr>
<tr>
<td>Digoxin Level (if on Digoxin)</td>
<td>Once, Starting today, Pre-Procedure</td>
</tr>
<tr>
<td>Imaging</td>
<td></td>
</tr>
<tr>
<td>ECG</td>
<td>Routine, Once, Starting today Reason for Exam (Signs &amp; Symptoms):</td>
</tr>
<tr>
<td></td>
<td>Notify Provider if patient is in sinus rhythm., Pre-Procedure</td>
</tr>
<tr>
<td>Medication</td>
<td></td>
</tr>
<tr>
<td>IV Fluids</td>
<td>Initiate Hydration Orders for reducing risk of Radiocontrast Induced Nephrotoxicity Physician Order #683</td>
</tr>
<tr>
<td>Saline Lock and Flush Panel</td>
<td>10 mL, IntraCatheter, Every 8 hours, Pre-Procedure (Cath)</td>
</tr>
<tr>
<td></td>
<td>Insert Saline Lock before procedure</td>
</tr>
<tr>
<td></td>
<td>Routine</td>
</tr>
<tr>
<td>Saline lock IV</td>
<td>Routine, Continuous, Starting today, Flush peripheral lines every shift</td>
</tr>
<tr>
<td></td>
<td>Discontinue prior to discharge, Pre-Procedure (Cath)</td>
</tr>
<tr>
<td>Insert peripheral IV</td>
<td>Routine, Continuous, Starting today, Insert Saline Lock before procedure, Pre-Procedure</td>
</tr>
</tbody>
</table>

**PROVIDER INITIALS: __________**
<table>
<thead>
<tr>
<th>Provider Orders</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] lidocaine (XYLOCAINE-MPF) local injection 1%</td>
<td>1-2 mL, IntraDermal, Once as needed, local anesthetic for IV access, For 1 Doses, Pre-Procedure, Routine</td>
</tr>
<tr>
<td>[X] sodium chloride infusion 0.9%</td>
<td>15-30 mL/hr, IntraVENous, Continuous, Pre-Procedure IV To keep vein open Routine</td>
</tr>
<tr>
<td>[] sodium chloride 0.9% (NS) infusion</td>
<td>100 mL/hr, IntraVENous, Continuous, Pre-Procedure, Routine</td>
</tr>
<tr>
<td>[] sodium chloride 0.9 % with KCl 20 mEq/L infusion</td>
<td>100 mL/hr, IntraVENous, Continuous, Pre-Procedure, Routine</td>
</tr>
<tr>
<td>[] dextrose 5 % and sodium chloride 0.45 % infusion</td>
<td>100 mL/hr, IntraVENous, Continuous, Pre-Procedure, Routine</td>
</tr>
<tr>
<td>[] dextrose 5 % and sodium chloride 0.45 % with KCl 20 mEq/L infusion</td>
<td>100 mL/hr, IntraVENous, Continuous, Pre-Procedure, Routine</td>
</tr>
</tbody>
</table>

Date:_______ Time:________ Printed Name of Ordering Provider:__________________________________

Provider Signature:__________________________________________

Date:_______ Time:_______ RN Acknowledged: ______________________________

PROVIDER INITIALS: _________