Northwestern Medicine

PHYSICIAN'S PRE-PRINTED ORDERS

☐ **Northwestern Medicine McHenry Hospital**
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INDICATORS/DIAGNOSIS ______________________

ALLERGY	REACTION

Ht: ______________ Wt: _______________

Smoker: ☐ Yes ☐ No

PRE-CARDIOVERSION ORDERS

Name:	DOB: Home phone: Cell:
Diagnosis:	Scheduled for Date: Time:
Procedure (CPT Code):	H&P performed by:
ICD-10 Code:	
Permit to read:	

NPO six (6) hours prior to procedure unless otherwise ordered by physician.
Home medications per Pre-cardiac/Interventional Radiology guidelines.
May give medications with sip of water as instructed by physician. Hold morning dose of **digoxin** (LANOXIN).
☐ Continue all anticoagulant medication as usual including morning dose day of procedure.
☐ Continue all antiplatelet medication as usual including morning dose day of procedure.

LABS & DIAGNOSTICS *(*Required diagnostic tests within 30 days please place on chart):

Testing ordered	Completed
☐ CBC	
☐ BMP	
☐ PT	
☐ PTT	
☐ Magnesium	
☐ Serum HCG (if not menstrual period free for 1 year)	
☐ **digoxin** (LANOXIN) level if patient on **digoxin**(LANOXIN) on admit Call physician if patient has taken **digoxin** (LANOXIN) within 6 hours	
☐ 12 Lead EKG on admit	

Insert intravenous catheter on either upper extremity and start 0.9% normal saline IV at 100mL/hour unless otherwise indicated. All intravenous fluids require extension tubing.
Lidocaine (XYLOCAINE MPF) 10mg/mL (1%) injection 0.25mL, intradermal or transdermal, as needed for pre-procedure IV start.
☐ IV fluids ____________________________________ at______________ mL/hour
☐ Insert Saline Lock intravenous catheter on either upper extremity only (no IV fluids to be infused pre-procedure)

Check if required to have available:
☐ **digoxin** (LANOXIN) 0.25mg IV ☐ **verapamil** 5mg IV

☐ Anesthesia required for procedure ☐ Respiratory Therapy on standby

_________________________ _________________________ _______ _______ _______
Physician's Name (Please Print) **Physician Signature** **ID#** **Date** **Time**