

Allergies: \_\_\_\_\_

### Pre Cardioversion Orders

#### A. Diet:

NPO for 6 hours (food) and for 4 hours (liquids) before procedure

#### B. Nursing:

Sign consent for cardioversion

IV Fluid: D<sub>5</sub>W at TKO rate

EKG prior to procedure

Place patient on bedside monitor and on monitor/defibrillator, synchronized setting

O<sub>2</sub> PRN to keep SaO<sub>2</sub> greater than 92%; call MD if greater than 6L O<sub>2</sub> required; continuous pulse oximetry

Notify Respiratory Care of cardioversion

#### C. Labs:

K<sup>+</sup> (if not drawn in office)

PT / INR (if results not known by patient) if patient on Coumadin

#### D. Medications: (check box to activate)

For specific dosing, see procedural sedation flowsheet

<input type="checkbox"/> Midazolam (Versed) 5 - 20 mg IV	Sedation
<input type="checkbox"/> Fentanyl (Sublimaze) 10 - 100 mcg IV	Sedation
<input type="checkbox"/> Propofol 0.5 - 1 mg/kg IV initially, then 0.25 - 0.5 mg/kg every 30 - 60 seconds PRN (MD must administer)	Sedation
<input type="checkbox"/> Methohexital (Brevital) 25 - 120 mg IV (MD must administer)	Sedation
Flumazenil (Romazicon) 0.2 mg IV	Benzodiazepine reversal
Naloxone (Narcan) 0.4 mg IV PRN	Opiate reversal
Atropine 1 mg IV PRN	Symptomatic bradycardia

### Post Cardioversion Orders

VS and LOC every 5 minutes until returned to baseline. Continue every 15 minute monitoring if sedation still in effect

Diet as tolerated

EKG

DC IV on discharge

Other: \_\_\_\_\_

Discharge at \_\_\_\_\_ if VS and LOC baseline, stable rhythm, able to take oral fluids, ambulate, and void.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



#### CARDIOVERSION ORDERS

P0061B (Rev 0208) White – Chart Yellow – Pharmacy