Allergies: _____

Patient Status: ☐ Inpatient ☐ Same Day Care

NURSING CARE:

- I & O
- Daily weight if history of HF

IV THERAPY: (Check box to activate)

- D_5W 0.45% to infuse at 100 mL/ hour X 1 liter, then 10 mL/ hour until ambulatory, then saline lock

☐ If diabetic, substitute with 0.45% NS

MONITORING: (Check box/ fill in to activate)

- Notify attending cardiologist of chest pain, sustained hypertension or hypotension, significant bleeding or hematoma at sheath site, loss of pedal pulses or changes in CMS in sheathed extremity, arrhythmias, and treatment of Sx bradycardia or hypotension
- Continuous ECG monitoring until ambulatory. Continue monitoring ablation patients and those with inducible VT
- O_2 PRN to keep SaO_2 at least 92%. Call physician if greater than 6 L O_2 required. Monitor O_2 sats with vital signs
- Vital signs, pedal pulse, & groin check while sheath in: every 15 minutes X 4, every 30 minutes X 2, then every hour
- Vital signs after sheath removed and hemostasis: every 15 minutes for 1 hour then every hour X 6, then every 4 hours until discharge
- Pedal pulse, CMS, & groin check after sheath removed and hemostasis achieved every 15 minutes X 4, then every hour X 6

Sheath care: Arterial sheath: Pressurized infusion of 0.9% NS 500 mL if indwelling longer than 15 minutes

Venous sheath: ☐ Infuse current IV ☐ 0.9% NS TKO ☐ Saline lock with positive pressure valve

Remove sheaths: ☐ Now ☐ When ACT less than 150 ☐ At _____ hours

Apply pressure until hemostasis achieved

ACTIVITY: (Fill in to activate)

Bed rest _____ hours with puncture site extremity straight and HOB elevated 30 degrees or less

DIET:

Full liquid with toast until sheath removed. Regular diet as tolerated after sheath removed

MEDICATIONS: (Check box/ fill in to activate)

ACE inhibitor/ ARB _____

If no - why? ☐ Renal insufficiency ☐ Hypotension ☐ Hyperkalemia ☐ Moderate or severe aortic stenosis ☐ Other

Beta Blocker _____ Hold for Sx bradycardia or SBP less than 90

If no – why? ☐ Allergy/ Intol ☐ H/ O depression ☐ Sx Bradycardia ☐ Hypotension ☐ Asthma/ severe COPD ☐ Other

Ibuprofen (Motrin) 600 mg PO every 6 hours PRN	Mild Chest Discomfort/ Pain
Oxycodone/ acetaminophen 5 mg/ 325 mg (Percocet) 1 - 2 tabs PO every 4 hours PRN. Hold for sedation. Not to exceed 4000 mg of acetaminophen/ 24 hours	Severe Pain PO
Morphine 2 mg IV every 2 - 5 minutes PRN [Maximum dose 4 mg] If morphine allergic, then Hydromorphone (Dilaudid) 0.5 mg IV every 2 - 5 minutes PRN [Maximum dose 1 mg]	SeverePain IV Related to Sheath Removal
Ondansetron (Zofran) 4 mg IV every 6 hours PRN	Nausea Vomiting
Zolpidem (Ambien) 5 mg PO HS PRN (give 2.5 mg if 65 or older) May repeat X 1	Insomnia

For treatment of symptomatic bradycardia or hypotension in the following order:

1. Atropine 0.5 mg IV PRN [Maximum of 0.04 mg/kg] 2. 0.9% NS or current IV fluid challenge 250 mL over 10 minutes X 2

DISCHARGE:

Discharge at _____ (time). Follow up with _____ (physician name) on _____ (date). Call physician's office for appointment.

_____ Physician Signature _____ Date _____ Time

OVERLAKE Hospital Medical Center
Medical excellence every day™

POST-PROCEDURE ELECTROPHYSIOLOGY STUDIES
ABLATION, VENTRICULAR TACHYCARDIA ORDERS