

Allergies: _____

Admit to: E2 other: _____ Status: Inpatient Observation SDC

NURSING INTERVENTIONS:

Vital signs every 15 minutes X 2, then every 1 hour X 4, then every 4 hours until 24 hours post procedure
Cardiac monitor until discharge
Sterile dressing change per policy
Ice pack applied over insertion site on 20 minutes off 20 minutes X 24 hours then PRN pain or swelling

Notify Physician If:

Hematoma (know size of implant prior to making call)
SBP less than _____ or greater than _____
HR less than _____ or greater than _____

Activity:

Apply sling
 Sandbag
Bed rest until _____ (do not waken to walk)
Keep affected arm quiet

DIETARY: Clear liquids then advance to regular diet as tolerated

IV THERAPY:

IV Fluid: D₅W at 100 mL/ hour until taking fluids adequately, then infuse at 42 mL/ hour until ambulatory, then saline lock.
If diabetic, substitute with 0.45% NS

LABORATORY/ DIAGNOSTICS: (Check box/ fill in to activate)

- Chest X-Ray PA & lateral at _____. Reason: Assess for pneumothorax and lead placement
- Chest X-Ray PA & lateral at 0600. Reason: Assess for pneumothorax and lead placement (staff will transport to Radiology, call first)
- ECG
- ECG with and without magnet

DISCHARGE: (Fill in to activate)

Discharge at _____. Follow up with _____ on _____. Call physician's office for appointment

MEDICATIONS: (Check box/ fill in to activate)

*Not to exceed 4000 mg of acetaminophen/ 24 hours. If 65 or older, not to exceed 3000 mg of acetaminophen/ 24 hours

<input checked="" type="checkbox"/> *oxyCODONE/ acetaminophen 5 mg/ 325 mg (PERCOCET) 1 - 2 PO every 4 hours PRN	Severe Pain
<input checked="" type="checkbox"/> *HYDROcodone/ acetaminophen 5 mg/ 325 mg (NORCO) 1 - 2 PO every 4 hours PRN	Moderate Pain
<input checked="" type="checkbox"/> *acetaminophen (TYLENOL) 325 - 650 mg PO every 4 hours PRN	Mild Pain
<input checked="" type="checkbox"/> ondansetron (ZOFRAN) 4 mg IV every 6 hours PRN	Nausea/ Vomiting
<input checked="" type="checkbox"/> zolpidem (AMBIEN) 5 mg PO HS PRN (2.5 mg if 65 or older) May repeat X 1	Insomnia
ACE inhibitor/ ARB: _____ Hold for SBP less than 95 mmHg If no - why? <input type="checkbox"/> Renal insufficiency <input type="checkbox"/> Hypotension <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> Moderate or severe aortic stenosis Other: _____	AMI
Beta Blocker: _____ Hold for HR less than 50 or SBP less than 95 mmHg If no - why? <input type="checkbox"/> Allergy/ intolerance <input type="checkbox"/> H/O depression <input type="checkbox"/> Sx Bradycardia <input type="checkbox"/> Hypotension <input type="checkbox"/> Asthma/ severe COPD Other: _____	Heart Failure

Physician Signature Date Time

