Unique Plan Description: CARD Electrophysiology/Implantable Device Post-Procedure VC
Plan Selection Display: CARD Electrophysiology/Implantable Device Post-Procedure VC
PlanType: Medical
Version: 1
Begin Effective Date: 10/1/2013 20:49
End Effective Date: Current
Available at: Ascension Health
   VC Rehab Hosp
   VCH Behav Hlth
   VCH HH Hospice
   VCH Select
   VCH St Francis
   VCH St Joseph
   VCH St Teresa
   VCHSJ Assess
   VCHSJ SBH
   VCHST IP Rehab

CARD Electrophysiology/Implantable Device Post-Procedure VC

Patient Care

- **Vital Signs**
  - T;N, Constant order, Monitor Vital Signs, groin, procedure site, and check pulses q15min x4, then q30min x2, then q1hr x4, then routine (DEF)*
  - T;N, Constant order, Monitor Vital Signs and procedure site q15min x4, then q30min x2, then q1hr x1, then routine

- **Do Not Change Dressing**
  - T;N, Leave dressing intact for ___ hours

- **Ice Therapy**
  - T;N, for 24 hr, Ice to affected extremity

- **Saline Lock**
  - T;N, When IV fluids discontinued and follow MED Standard Flush VC orders

- **Cardiac Monitoring**
  - T;N, Constant Order

Activity

- **Bedrest**
  - T;N, For 12 hours, then resume previous activity level (DEF)*
  - T;N, For 24 hours, then resume previous activity level
  - T;N, For 8 hours, then resume previous activity level

- **Elevate Head of Bed**
  - T;N, 12, hr, 30 deg

- **Activity as Tolerated**
  - T;N, Constant order

Diet/Nutrition

- **Heart-Healthy Diet**
  - T;N

- **Carbohydrate Counting Diet**
  - T;N, Carbs 60g/meal

Continuous Infusions

- **Sodium Chloride 0.9%**
  - Total Volume (mL): 1,000, Soln-IV, IV, 75 mL/hr (DEF)*
  - Comments: Discontinue in the AM unless patient has inadequate oral intake
  - Total Volume (mL): 1,000, Soln-IV, IV, 100 mL/hr
  - Comments: Discontinue in the AM unless patient has inadequate oral intake
  - Total Volume (mL): 1,000, Soln-IV, IV, 125 mL/hr
  - Comments: Discontinue in the AM unless patient has inadequate oral intake
☐ Dextrose 5% with 0.45% NaCl
   Total Volume (mL): 1,000, Soln-IV, IV, 75 mL/hr (DEF)*
   Comments: Discontinue in the AM unless patient has inadequate oral intake

☐ Total Volume (mL): 1,000, Soln-IV, IV, 100 mL/hr
   Comments: Discontinue in the AM unless patient has inadequate oral intake

☐ Total Volume (mL): 1,000, Soln-IV, IV, 125 mL/hr
   Comments: Discontinue in the AM unless patient has inadequate oral intake

Medications
☐ SURG Post-Operative SCIP VC(SUB)*
☐ MED Acute Pain Management VC(SUB)*
☐ MED Warfarin Dosing VC(SUB)*
☐ warfarin Pharmacy Consult(SUB)*
☐ MED Heparin Protocol VC(SUB)*
☐ Lovenox
   1 mg/kg, SubCutaneous, Form: Syringe, q12hr

Laboratory
☐ CBC w/ Differential
   Blood, AM Draw Collect, T+1;0330
☐ Basic Metabolic Panel
   Blood, AM Draw Collect, T+1;0330
☐ PT/INR
   Blood, AM Draw Collect, T+1;0330

Diagnostic Tests
☐ XR Chest 1 View Frontal
   T;N, Stat
☐ XR Chest 2 Views
   T;N, Stat
   Comments: Complete by 0600, over penetrate to view leads. Patient not to lift affected arm

Card/Vasc/Neuro
☐ Electrocardiogram
   T;N, Stat, qAM, 1, times, Other-Please Specify, Post-Operative

Respiratory
☐ Oxygen Therapy
   T;N, Nasal Cannula, Discontinue if room air pulse ox greater than 92% (DEF)*
   T;N, Simple Mask, Discontinue if room air pulse ox greater than 92%

Communication Orders
☐ Communication Order
   T;N, Arm in immobilizer , 24 hours
☐ Notify Provider
   T;N, If bleeding or oozing observed at procedure site

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase