

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION  
DO NOT USE ABBREVIATIONS**

<b>DOCTORS ORDERS ELECTRICAL CARIOVERSION OF THE HEART</b>	<b>CHECK OFF/ INITIALS</b>
1. Electrical cardioversion of the heart by Dr. _____ on _____ _____ at _____; Diagnosis: _____	
2. Please have patient sign the consent form for the procedure; the risks and benefits of the procedure have been explained.	
3. Plan extended stay observation or overnight admission.	
4. Obtain pre-procedure results for: Digoxin (Lanoxin®) level, Bun, Protime APTT, EKG, electrolytes; copy of echocardiogram if available.	
5. Anesthesiology will give sedation for cardioversion at _____.	
6. Nothing by mouth at midnight on night before procedure; may take medicines with a sip of water early in the morning on the day of admission as directed; <b><u>do not administer Digoxin (Lanoxin®) the day of the cardioversion.</u></b>	
7. Obtain list of medicines from patient.	
8. Start Intravenous 1000 mL Dextrose 5% in Water at 50 mL per hour.	
9. Call the cardiologist performing cardioversion on patient's arrival to the 5 West/PCU.	
10. Mark pedal pulses bilaterally.	
11. Connect patient to Lifepak monitor.	
12. Have ready at bedside: oxygen with nasal cannula, pulse oximetry, ambu bag, suction set up, code blue cart.	
13. Obtain cardioversion medication kit from pyxis. Have it at bedside with two (2) each: 3 mL syringes, 5 mL syringes, 20 gauge needles, and 18 gauge needles.	
14. Apply Hydrocortisone Cream 1% twice daily at the site of cardioversion patches.	

<b>Physician/Date/Time:</b>	<b>Nurse/Date/Time:</b>	<b>Secretary/Date/Time:</b>
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**Full page of orders requires only one physician, one nurse and one clerical signature**



Original to Patient's Chart

Fax to Pharmacy