

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

DOCTORS ORDERS POST-ELECTROPHYSIOLOGY STUDY	CHECK OFF/ INITIALS
Admit patient or transfer patient to _____	
Upon return from cath lab, check vital signs, dressing and distal pulse every 15 minutes x 4, every 30 minutes x 2, every 1 hour x 4, then every shift (Blood pressure, pulse, respiratory rate, temperature). If distal pulse not present notify MD.	
Complete bed rest with leg on side of access extended 6 hours for arterial access and 3 hours for venous access.	
May elevate Head Of Bed 10-15 degrees.	
May put patient in reverse Trendelenburg to 60 degrees for comfort or meals if Systolic Blood Pressure greater than 100 mmHg.	
If closure device is used, bedrest x _____ hours.	
Provide patient with follow-up instructions for appropriate device.	
For brisk bleeding or hematoma, apply direct pressure and notify physician or cath lab.	
Sandbag to groin x 4 hours. No sandbag if closure device is used.	
Home diet _____; Encourage patient to drink 1500 mL fluid today.	
Continue present Intravenous at _____ mL/hour for a total of _____ mL.	
Acetaminophen (Tylenol®) 325 mg, 2 tablets by mouth every 4 hours as needed for catheter site discomfort. If not effective notify MD.	
Notify physician for chest pain greater than 5 minutes.	
Notify physician for Blood Pressure less than 90 mmHg systolic and/or Heart Rate less than 45 beats/minute.	
If unable to void 4 hours post-procedure insert foley catheter and remove once patient is out of bed.	
Refer to Medication Reconciliation Form for medication orders.	
Additional Orders:	

Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:
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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