

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

DOCTORS ORDERS PRE-ELECTROPHYSIOLOGY – Dr. Ahmed	CHECK OFF/ INITIALS
1. Testing 7 days prior to procedure: Labs to be drawn on: _____ Diagnosis: _____ DATE OF ELECTROPHYSIOLOGY STUDY: _____	
2. RENAL PANEL CBC/DIFF/PLAT PT/APTT LYTES EKG TO BE DONE ON : _____	
3. For patients with Glomerular Filtration Rates (GFR) less than 60 mL/minute and not on dialysis or if GFR not available, Creatine more than 1.1 males and more than 1.2 females: Acetylcysteine (Mucomyst®) 800 mg by mouth twice daily the day before the procedure and 800 mg by mouth twice daily the day of the procedure. BUN and Creatinine to be drawn 72 hours post procedure.	
4. Obtain old charts. Include prior Cath reports and tests done prior to procedure: e.g. EEG-CT-MRI-Carotid Ultrasound, Tilt Table Testing, Event Monitor.	
5. List patient allergies and describe reaction:	
6. For patients with known Iodine/shellfish/contrast allergies – please complete this section:	
<ul style="list-style-type: none"> • Signs and symptoms of contrast reaction _____ 	
<ul style="list-style-type: none"> • Notify physician prior to the procedure 	
<ul style="list-style-type: none"> • Pre-medication to be taken as follows: 	
<ul style="list-style-type: none"> • Prednisone (Deltasone®) 40mg by mouth the evening before the procedure and 40mg by mouth the morning of the procedure. 	
<ul style="list-style-type: none"> • Diphenhydramine (Benadryl®) 50 mg by mouth the evening before the procedure and 50 mg intravenous at the time of the procedure. 	
<ul style="list-style-type: none"> • Cimetidine (Tagamet®) 300 mg by mouth the evening before the procedure and 300 mg intravenous the morning of the procedure. 	
Physician must be notified if pre-medication is incomplete	
7. Nothing by mouth after midnight if procedure <i>before</i> 1200.	
8. Clear liquids <i>before</i> 0700 then nothing by mouth if procedure <i>after</i> 1200.	
9. HOLD: Heart medications for two days prior to the procedure. Contact office to obtain instructions for which heart medications are to be held.	
10. Do not stop Antiplatelets (ASA, Plavix (Copidogrel).	
11. May take oral medications with sip of water.	
12. Must have 1 patent #20 gauge Intravenous site (right arm preferred) 1000 mL 0.9% Sodium Chloride at keep open rate.	

Physician/Date/Time: _____

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13. Obtain signature on consent.		
14. Void “on call” to lab.		
15. Diazepam (Valium®) 10 mg by mouth (if age 69 years old or younger) or Diazepam (Valium®) 5 mg by mouth (if age 70 years old and older) on call to catheterization laboratory. _____ _____ _____ _____		
Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:

Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient’s Chart

Fax to Pharmacy