

**IP - Pre-Ablation and Electrophysiology Study - Adult - Preprocedure [10291]**

Only Appears If: UWIP SB PRL - IN: UW UWRH SA - EX: ED TSC MSC - HOSP ENC - NOT DISCHARGE  
[3000400]

Default Phase of Care: Pre-Op Day Of Procedure  
Use order set for pre-ablation and EP studies.

**Patient Care Orders [784375]****Heart and Vascular Care Procedure - EP Study [115144]** **Heart and Vascular Care Procedure - Ablation [CARD0025]**

Requested procedure date:

Rhythm:

Has the patient been on uninterrupted anticoagulation for > 3 weeks?

Is the patient taking an ACEi or ARB?

Provider to Perform Procedure:

Does the patient have a pacemaker or ICD?

Ejection Fraction:

Release to patient: Immediate

Cardioversion may need to be delayed or done with TEE guidance if atrial arrhythmia duration greater than 48 hours and not on documented anticoagulation for the last 3 weeks.

Please call Care Team Leader (Ph: 608-513-8562, pager 0788) or EP Charge (Ph: 608-219-0297)

 **Heart And Vascular Care Procedure - EP [CARD0007]**

Requested procedure date:

Procedure to Perform: Electrophysiology Study Ablation

Electrophysiology Study Ablation:

Mapping:

Energy source:

Is the patient on anticoagulation therapy?

Does patient have a penicillin allergy?

Medication Holds:

Request for sedation:

Lab time requested (in minutes):

Release to patient: Immediate

Please call Cath Lab Charge (Ph: 608-513-8562, pager 0788) to schedule procedure

**Cardiac Procedures [784422]** **Pre-Ablation and EP Study Case Request - Adult [784423] (Selection Required)** **Anesthesia OR Performed TEE [ORECH001]**

ONCE, Routine

Reason for exam:

Release to patient: Immediate

**Case Request Operating Room [10019999]** Patient Class: Inpatient, Location: UWHC  
ANESTHESIA OTHER OUT<br>Panel 1: ANESTHESIA RESOURCE<br>ANESTHESIA, CATH LAB,  
Laterality: N/A, Anesthesia Type: General



**ECG - 12 Lead [EKG0008]**

ONCE, Routine

Reason for exam:

If this is for a study-related ECG, how many ECGs should be obtained at each timepoint? (Enter separate orders if answer is not the same for all ECGs being ordered.):

Release to patient: Immediate

Disclaimer for University Hospital Only: A Stat status for an ECG is in reference to the timing of the ECG. The goal is to perform a STAT ECG within 10 minutes of the order being placed. It is the responsibility of the ordering provider to review the STAT ECGs. All ECGs (stat or routine) will be formally reviewed within one business day.

ECG should be performed prior to the Pre-ablation or EP Procedure, Cardiac Cath/EP

**Nutrition [737262]** **NPO-Temporary Diet Hold - Hold Diet for 18 Hours [DIE0007]**

EFFECTIVE MIDNIGHT, Starting S+1 at 12:01 AM For 18 Hours, Routine

Reason for Diet Hold: Procedure

Procedure: EP procedure

Modifiers: NPO except Medications

**Surgical Site Care [784424]** **Pre-Procedure Site Care - Ablation and EP Study [NURCOM0022]**

SEE COMMENTS, Starting S, Routine, On day of procedure, clip hair in bliateral groin areas from inguinal grooves including across pubic bone. Clip hair from entire chest from bilateral clavicles to pubic bone including bilateral inguinal grooves. Also clip hair on patient's entire back from base of neck to sacrum.

Apply 4% CHG solution or cloth to to the patient's groin areas and across pubic bone. Avoid using directly on genitalia. If allergy, contact provider.

As soon as prepping has begun, do not apply lotions, moisturizers, deodorant or cosmetics. Put a clean gown on the patient.

**Upper Extremity IV [784425]**

- Please ensure patient has a functioning upper extremity IV in place [NURCOM0022]** ONCE  
For 1 Occurrences, Routine

**Bladder Management [764959]**

- Void On Call [NURELM0022]** CONTINUOUS, Routine

**Intravenous Therapy [784376]****IV Fluids [784887]**

- Sodium Chloride 0.9 % infusion [64367]** Intravenous, CONTINUOUS

**Surgical Prophylaxis [784377]****First Line [186545]**

- cefuroxime (ZINACEF) intraVENOUS - Patients who are 40-120 kg [800030]** 1.5 g, Intravenous, SEND TO PROCEDURE For 1 Doses
- cefuroxime (ZINACEF) intraVENOUS - Patients who are 121 kg and greater [800030]** 3 g, Intravenous, SEND TO PROCEDURE For 1 Doses

**History of MRSA (documented or reported) [186546]**

- Patients who are 40-120 kg [138959] (Selection Required)**
-

**cefuroxime (ZINACEF) intraVENOUS [800030]** 1.5 g, Intravenous, SEND TO PROCEDURE For 1 Doses

**vancomycin (VANCOGIN) intraVENOUS: Maximum dose = 2,000 mg [800084]** 20 mg/kg, Intravenous, SEND TO PROCEDURE For 1 Doses

**Patients who are 121 kg and greater [138959] (Selection Required)**

**cefuroxime (ZINACEF) intraVENOUS [800030]** 3 g, Intravenous, SEND TO PROCEDURE For 1 Doses

**vancomycin (VANCOGIN) intraVENOUS: Maximum dose = 2,000 mg [800084]** 20 mg/kg, Intravenous, SEND TO PROCEDURE For 1 Doses

**Patients with IgE-mediated or severe reaction to beta-lactam [186553]**

**vancomycin (VANCOGIN) intraVENOUS - NOTE: Maximum Dose = 2000 mg [800084]** 20 mg/kg, Intravenous, SEND TO PROCEDURE For 1 Doses

**Patients with IgE-mediated or severe reaction to beta-lactams AND history of MRSA (documented or reported) [311357]**

**vancomycin (VANCOGIN) intraVENOUS - NOTE: Maximum Dose = 2000 mg [800084]** 20 mg/kg, Intravenous, SEND TO PROCEDURE For 1 Doses

## Medications - Preoperative [784378]

**Analgesics [784698]**

- Acetaminophen (Tylenol) tab [720207]**  
1,000 mg, Oral, ONCE For 1 Doses  
Only administer with small sips of water if NPO  
Cardiac Cath/EP

**Non-categorized [784885]**

- chlorhexidine gluconate (HIBICLENS) 4 % topical soln [64730]**  
Topical, ONCE PRN For 1 Doses, pre-surgical prep  
Doses to be directed by provider.  
Pre-Op Day Of Procedure

- Note: ACE inhibitors and ARBs should be held for 24 hours prior to procedures that require anesthesia. If an ACEI/ARB is ordered and a procedure with anesthesia is planned (or anesthesia participation is unclear), contact team to discuss discontinuation of this order as appropriate. [950018]**

4 X DAILY (NOTE ACKNOWLEDGE)  
Discontinue this NOTE order if patient is not on an ACEI or ARB.  
Pre-Op Day Of Procedure

- Note: SGLT2 inhibitors should be held for 72 hours prior to procedures that require anesthesia. If an SGLT2i is ordered and a procedure with anesthesia is planned (or anesthesia participation is unclear), contact team to discuss discontinuation of this order as appropriate. [950018]**

4 X DAILY (NOTE ACKNOWLEDGE)  
Discontinue this NOTE order if patient is not on an SGLT2i.  
Pre-Op Day Of Procedure

- Note: Please ensure patient remains on therapeutic anticoagulant prior to procedure. [950018]** 2 X DAILY, Pre-Op Day Of Procedure

## Laboratory [784379]

**Laboratory - Pregnancy Test [219737]** Only Appears If: **UWIP SB FEMALE AGE 11-55 YEARS [3000456]**  
Obtain pregnancy test if female between menarche & menopause and any of: (1) surgery is pelvic,

renal, or intra-abdominal, (2) patient had unprotected intercourse, (3) patient missed menses, (4) patient says she "could" be pregnant.

**Urine, Pregnancy Test [UPREG]**

STAT, Starting S For 1 Occurrences, Routine

If add on test, what should lab do if unable to add test to previous specimen? (Special Workflows Only):

If Conditional, What Condition?

Release to patient: Immediate

Pre-Op Day Of Procedure

**Labs [9642]**

**CBC WITH DIFFERENTIAL [CBC]**

NEXT DRAW, Starting S For 1 Occurrences, Routine

If add on test, what should lab do if unable to add test to previous specimen? (Special Workflows Only):

If Conditional, What Condition?

Release to patient: Immediate

**CBC WITHOUT DIFFERENTIAL [HEMO]**

NEXT DRAW, Starting S For 1 Occurrences, Routine

If add on test, what should lab do if unable to add test to previous specimen? (Special Workflows Only):

If Conditional, What Condition?

Release to patient: Immediate

**ELECTROLYTES [LYTE]**

NEXT DRAW, Starting S For 1 Occurrences, Routine

If add on test, what should lab do if unable to add test to previous specimen? (Special Workflows Only):

If Conditional, What Condition?

Release to patient: Immediate

**MAGNESIUM [MAG]**

NEXT DRAW, Starting S For 1 Occurrences, Routine

If add on test, what should lab do if unable to add test to previous specimen? (Special Workflows Only):

If Conditional, What Condition?

Release to patient: Immediate

**BUN [BUN]**

NEXT DRAW, Starting S For 1 Occurrences, Routine

If add on test, what should lab do if unable to add test to previous specimen? (Special Workflows Only):

If Conditional, What Condition?

Release to patient: Immediate

**CREATININE [CRET]**

NEXT DRAW, Starting S For 1 Occurrences, Routine

If add on test, what should lab do if unable to add test to previous specimen? (Special Workflows Only):

If Conditional, What Condition?

Release to patient: Immediate



**GLUCOSE [GLU]**

NEXT DRAW, Starting S For 1 Occurrences, Routine

If add on test, what should lab do if unable to add test to previous specimen? (Special Workflows Only):

If Conditional, What Condition?

Release to patient: Immediate

 **PROTHROMBIN TIME/INR [PT]**

NEXT DRAW, Starting S For 1 Occurrences, Routine

If add on test, what should lab do if unable to add test to previous specimen? (Special Workflows Only):

If Conditional, What Condition?

Release to patient: Immediate

 **B-TYPE NATRIURETIC PEPTIDE [XBNP]**

NEXT DRAW, Starting S For 1 Occurrences, Routine

If add on test, what should lab do if unable to add test to previous specimen? (Special Workflows Only):

If Conditional, What Condition?

Release to patient: Immediate

**Blood Bank [784380]**

**Tests [100542]** Only Appears If: UWIP SB AGE >=4 MONTHS [3000466]

 **TYPE AND SCREEN [HCTS]**

STAT, Starting S For 1 Occurrences, Routine,

\*\*\*\*\*DO NOT collect on patients less than 4 months old.\*\*\*\*\*

Instead, Order and Collect a Neonatal Type and Screen.

Release to patient: Immediate

**Blood Products [12026]** Only Appears If: UWIP SB ADULT BLOOD PRODUCT GROUP [3000017]

 **Prepare Red Blood Cells [BLB0030]**

Reason for Order:

Blood Product Need:

Indication for Irradiated Blood:

Date Product Needed:

Consent Status:

 **Prepare Plasma [BLB0034]**

Reason for Order:

Blood Product Need:

Date Product Needed:

Consent Status:

 **Prepare Platelets [BLB0032]**

Reason for Order:

Blood Product Need:

Indication for Irradiated Blood:

Date Product Needed:

Consent Status:



**Prepare Cryoprecipitate [BLB0036]**

Unit size:

Reason for Order:

Blood Product Need:

Date Product Needed:

Consent Status:

**Blood Products [12027]** Only Appears If: UWIP SB PED BLOOD PRODUCT GROUP [3000020] **Prepare Red Blood Cells (in mL) [BLB0031]**

Prepare in syringe?

Reason for Order:

Blood Product Need:

Indication for Irradiated Blood:

Date Product Needed:

Consent Status:

 **Prepare Plasma (in mL) [BLB0035]**

Prepare in syringe?

Reason for Order:

Blood Product Need:

Date Product Needed:

Consent Status:

 **Prepare Platelets (in mL) [BLB0033]**

Prepare in syringe?

Reason for Order:

Blood Product Need:

Indication for Irradiated Blood:

Date Product Needed:

Consent Status:

 **Prepare Cryoprecipitate (in mL) [BLB0037]**

Prepare in syringe?

Reason for Order:

Blood Product Need:

Date Product Needed:

Consent Status:

**Diagnostic Tests and Imaging [784381]****Diagnostic Tests and Imaging [784428]**

**MRI CARDIAC W OR W/O & MRA CHEST W OR W/ O CONTRAST [R07019]**

ONCE-ON SPECIFIC DATE For 1 Occurrences, Routine

Current signs and symptoms?

What specific question(s) would you like answered by this exam? Please include relevant recent/past history.

Study Needed Within:

Is patient pregnant?

Does patient have a pacemaker or defibrillator?

Allergy to Gadolinium (MRI) contrast?

For Scheduling purposes, is the patient claustrophobic or require any form of sedation? Note: ordering provider is responsible for prescribing oral anxiolytic or ordering sedation services.

For scheduling purposes, does the patient require anesthesia, sedation or anxiolytics? Note: ordering provider is responsible for prescribing oral anxiolytics or arranging peds anesthesia / sedation services. See reference link above.

Relevant Surgical History (Select all applicable or None):

Implanted Devices? (Select all applicable or None):

History of Metal in Body? (Select all applicable or None):

Has patient had a colonoscopy/endoscopy in the last 8 weeks?

Last creatinine value? (will auto pull in date and value in comment):

Last e-GFR value? (will auto pull in value and date in comment):

Last patient weight? (will auto pull in value and date in comment):

Last patient height? (will auto pull in value and date in comment):

Transport Method: Floor Determined/Entered

Appropriate use of contrast per Radiologist? Yes

Perform HCG Qual, Urine per policy? Yes

Add pre-MRI Orbit X--ray (order #R70250A) per Radiologist? Yes

Release to patient: Immediate

 **Transthoracic Resting Echocardiogram [ECH0003]**

ONCE, Routine

Reason for exam:

Do you want Agitated Bubble Study?

Is patient mechanically ventilated?

Is patient ICU status?

Does patient need continuous monitoring?

Can the imaging study be modified based on clinical indication per cardiology or vascular provider? Yes

Release to patient: Immediate

EVL Normal Hours of Operation are Monday - Friday 700-1730

There is no live telephone service outside of the normal hours of operation.

- If there is need for an urgent or STAT study during non-routine operating hours.
- An order must be placed in HealthLink and the fellow must be paged to determine if and when the study should be performed.
- In some situations, a very focused but urgent question may be able to be answered directly by the fellow using a point of care ultrasound device, with a full study follow-up as determined necessary by the fellow.
- The Cardiovascular Medicine fellow on call (262-2122 - CARDIOLOGY FELLOW ON CALL/ OUT PT). During these times, all echocardiograms must be approved by the Cardiovascular Medicine fellow on call.



**CT CHEST W/ O IV CONTRAST W/CAD [R71250E]**

ONCE-RAD NEXT AVAILABLE, Routine

Current signs and symptoms?

What specific question(s) would you like answered by this exam? Please include relevant recent/past history.

Last creatinine value? (will auto pull in date and value in comment):

Last patient weight? (will auto pull in value and date in comment):

Transport Method: Floor Determined/Entered

Appropriate use of contrast per Radiologist? Yes

Perform HCG Qual, Urine per policy? Yes

Order Whole Blood Creatinine (HCWBCRET) per "Prevention of Contrast Induced Nephropathy"

Clinical Practice Guideline? Yes

Release to patient: Immediate

 **ECG - 12 Lead [EKG0008]**

ONCE For 1 Occurrences, Routine

Reason for exam: Pre-operative

Release to patient:

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**BestPractice [784382]**

**No Hospital Problems have yet been identified. [107035] (Selection Required)** Only Appears If: UWIP  
SB SPECIFY HOSP PROBLEMS [3001568]

**Specify Hospital Problem(s) [COR0018]** You will be prompted to specify a hospital problem on signing.