

# Physician Orders: ELECTIVE CARIOVERSION WITH PROCEDURAL-RELATED SEDATION

## Pre-operative Orders

1. Patient Demographics

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Requested: Date \_\_\_\_\_ Time: \_\_\_\_\_

ASA Score: \_\_\_\_\_

Allergies: \_\_\_\_\_

**ASA Classification**

I---- Healthy

II--- Moderate- Healthy

III-- Chronic Disease – Primary Stable

IV-- Unstable (not appropriate for RN monitoring)

V -- Moribund (not appropriate for RN monitoring)

2. Obtain consent for "Electrical Cardioversion with Procedural Related Sedation"

3. NPO after \_\_\_\_\_

4. IV Normal Saline TKO

5. Per procedural related sedation protocol: Have ambu bag with mask attached and O2 source, suction with yankauer available, O2 cannula with O2 at least 2 liters, continuous oximetry and cardiac rhythm, and NBP on patient set for every 5 minutes.

6. **Midazolam** \_\_\_\_\_ **mg** IV as ordered during procedure.

7. **Fentanyl** \_\_\_\_\_ **mcg** IV as ordered during procedure.

## Post-operative Orders

1. NPO until fully awake then \_\_\_\_\_ diet.

2. EKG

3. Continuous cardiac monitoring until discharge.

4. **Hydrocortisone Cream 1%** to skin under defibrillation pads twice daily.

5. Phone in a prescription for: \_\_\_\_\_

6. Discontinue IV access and discharge with pre-printed written instructions in 2-3 hours if completely awake..

Physician Signature	Date	Time
Transcriber Signature	Date	Time