

PREP ORDERS FOR CARDIAC PROCEDURES

Prep Orders: Pacemaker Insertion/Implantable Cardioverter Defibrillator (ICD) (Adult) (Module) OR Prep Orders: Angiogram/Percutaneous Coronary Intervention (PCI) (Adult) (Module)

1. Select appropriate Patient for Procedure order
2. Pre-Procedure Preparation order for nurse/unit secretary transcription is defaulted
Orders for Transcription: Labs/ECG for Cardiac Procedures (Pacemaker/ICD/Angio/PCI) (Adult) (Module) PowerPlan can be utilized to enter orders

1 Patient for Procedure Procedure/Sic: Pacemaker Insertion

Patient for Procedure Procedure/Sic: Implantable Cardioverter Defibrillator (ICD)

Patient for Procedure Procedure/Sic: CRT-P (Cardiac Resynchronization Therapy plus Pacemaker)

Patient for Procedure Procedure/Sic: CRT-D (Cardiac Resynchronization Therapy plus Implantable Cardioverter Defibrillator)

2 Pre-Procedure Preparation Instructions: Patient for Pacemaker/ICD Insertion
DIET - Change diet according to prep instructions from receiving Tertiary Care Centre SALINE LOCK - Ensure...

Medications

Antithrombotics to HOLD Pre-Procedure

If patient is on warfarin, INR should be < 2.5 on day of procedure

Coumadin/Warfarin Reversal: Vitamin K or Prothromb...

NOVEL ORAL ANTICOAGULANTS (NOAC): Usual time frame for holding is 24 hours (e.g. apixaban/Eliquis, dabigatran/Pradaxa, edoxaban/Lixiana, rivaroxaban/Xarelto) if renal function is normal.

If patient is on a NOAC, select order below and type medications AND time frame to be held.

Hold Medication(s) for Procedure/Surgery Procedure/Surgery Pacemaker/ICD Insertion, Instructions: Medications to Hold Pre-Procedure

PARENTERAL ANTICOAGULANTS: Usual time frame for holding IV heparin is 6 hours, and for SC enoxaparin/Lovenox or dalteparin/Fragmin is 24 hours.

If patient is on a parenteral anticoagulant, select order below and type medications AND time frame to be held.

Hold Medication(s) for Procedure/Surgery Procedure/Surgery Pacemaker/ICD Insertion, Instructions: Medications to Hold Pre-Procedure

Glucose Management

HOLD MORNING OF PROCEDURE: Select order below and list medications to be held on morning of procedure (e.g. Oral Hypoglycemics, IV/SC Insulin)

Hold Medication(s) for Procedure/Surgery Procedure/Surgery Pacemaker/ICD Insertion, Instructions: Medications to Hold on Morning of Procedure

HOLD METFORMIN FOR 48 HOURS POST-PROCEDURE: Select order below if patient is on Metformin or and metformin-containing combination drugs (e.g Avandamet, Janumet, Glucovance, Metaglip)

Hold Metformin Post Procedure Instructions: Hold Metformin for 48 hours post Pacemaker/ICD Insertion

For patients with diabetes, blood glucose should be tightly controlled. If considering Insulin, please see following module:

Hyperglycemia Management: Subcutaneous Insulin (...)

Multiprofessional Consults/Follow Ups

Consult to Pharmacist Reason for Consult: Other, Special Instructions: Assess start/stop of antithrombotics for procedure (pacemaker insertion/ICD)

Details:
Instructions: Patient for Pacemaker/ICD Insertion

Order Comment:
DIET - Change diet according to prep instructions from receiving Tertiary Care Centre

SALINE LOCK
- Ensure saline lock in situ and patent prior to transfer

ECG AND LAB TESTS: Order/obtain the following tests within 48 hours prior to procedure (if results not available). Include in Transfer Package for receiving hospital.

- ECG 12 Lead
- Electrolytes (Na/ K/ Cl/ CO2)
- Creatinine Serum
- Glucose Serum
- CBC
- INR

3. Medication Order Holds: Guidance for Physicians around hold times is provided, as shown below

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Multiprofessional Consults/Follow Ups

Consult to Pharmacist Reason for Consult: Other, Special Instructions: Assess start/stop of antithrombotics for procedure (pacemaker insertion/ICD)

For each medication to hold, Physician to select order “Hold Medication(s) for Procedure/Surgery”, and fill in the mandatory fields highlighted below.

Details for Hold Medication(s) for Procedure/Surgery

Details Order Comments Offset Details

Order details

Procedure/ Surgery [Pacemaker/ICD I...]

Date/Time to Hold/Suspend Medication(s)

Medication(s) to Hold/Suspend

Special Instructions

Requested Date/Time [2021-May-13 11:50]

Cardioversion/Transesophageal Echocardiogram (TEE)/Pericardiocentesis (Adult) (Module)*

*Intended for INPATIENT use ONLY due to current CPOE scope (OUTPATIENT use anticipated late 2021)

1. Select appropriate Transfer Patient to Another Unit order based on procedure (Cardioversion, TEE, Pericardiocentesis)
2. For patients undergoing Cardioversion, select Cardioversion Protocol order
3. For patients undergoing Pericardiocentesis, select appropriate lab orders

Cardioversion/Transesophageal Echocardiogram (TEE)/Pericardiocentesis (Adult) (Module) (Initiated Pending)		
Admission/Transfer		
ACCF Appropriate Use Criteria for echocardiography		
SEE LINK for NYGH Transesophageal Cardiography Guideline		
Consider cardioversion in cases of hemodynamic instability and/or failure to respond to pharmacologic treatment		
For patients with atrial fibrillation of > 48 hours' duration or of unknown duration, who have not been anticoagulated for the preceding 3 weeks, consider TEE-guided cardioversion.		
Select order for inpatients being transferred to CrCU from another inpatient unit (do not select for existing CrCU patients)		
1	<input type="checkbox"/>	Transfer Patient to Another Unit Service: Cardiology, Critical Care Bed, Patient Diagnosis: For Cardioversion
	<input checked="" type="checkbox"/>	Transfer Patient to Another Unit Service: Cardiology, Critical Care Bed, Patient Diagnosis: For Transesophageal Echocardiogram
	<input checked="" type="checkbox"/>	Transfer Patient to Another Unit Service: Cardiology, Critical Care Bed, Patient Diagnosis: For Pericardiocentesis
Diet		
	<input checked="" type="checkbox"/>	Resume Diet Resume prescribed diet post-procedure for inpatients
Vital Signs/Monitoring		
	<input checked="" type="checkbox"/>	Vital Signs Instructions: See Order Comments - Pre/Intra Procedure: Vital Signs prior to procedure and q5min during procedure - Post-Procedure INPATIENT: q15min x 1 hour, then q30min x 2
Patient Care		
2	<input type="checkbox"/>	Cardioversion Protocol Instructions: See Order Comments - Confirm INR/aPTT ordered and resulted prior to procedure - ECG prior to procedure - Confirm Atrial Fibrillation on Monitor, and notify Anaesthe
IV Solutions		
	<input type="checkbox"/>	normal saline Cardioversion Protocol
Medications		
Medications (e.g. procedural sedation) to be ordered outside th		
Laboratory		
Chemistry		
3	<input checked="" type="checkbox"/>	**** Pericardiocentesis ****
	<input checked="" type="checkbox"/>	Fluid Cell Count
	<input checked="" type="checkbox"/>	Fluid Culture & Sensitivity
	<input checked="" type="checkbox"/>	TB Culture - PHL
	<input checked="" type="checkbox"/>	Fungus Culture - PHL
	<input checked="" type="checkbox"/>	Cytology/Histopathology for (Manual Req needed) Priority: Routine, Added Info: Funq, Specimen Source: Pericardial Fluid
	<input checked="" type="checkbox"/>	LDH Serum Priority: Routine Pericardiocentesis
	<input checked="" type="checkbox"/>	Fluid LDH Priority: Routine, Other Pericardiocentesis
	<input checked="" type="checkbox"/>	Total Protein Priority: Routine Pericardiocentesis
Diagnostic Imaging		
	<input checked="" type="checkbox"/>	ECG 12 Lead Routine, **POST Cardioversion/TEE/Pericardiocentesis Procedure