

Northwestern Medicine McHenry Hospital

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INDICATORS/DIAGNOSIS _____

ALLERGY	REACTION

Ht: _____ Wt: _____

 Smoker: Yes No

PRE-ELECTROPHYSIOLOGY (EP) STUDY AND ABLATION

Name:	DOB:	Home phone:	Cell:
Diagnosis:	Scheduled for	Date:	Time:
Procedure (CPT Code):	H&P performed by:		
ICD-10 Code:			
Permit to read:			
NPO six (6) hours prior to procedure unless otherwise ordered by physician.			
Insert intravenous catheter on either upper extremity and start 0.9% normal saline IV at 100mL/hour unless otherwise indicated. All intravenous fluids require extension tubing.			
Lidocaine (XYLOCAINE MPF) 10mg/mL (1%) injection 0.25mL, intradermal or transdermal, as needed for pre-procedure IV start.			
<input type="checkbox"/> IV fluids _____ at _____ mL/hour			
<input type="checkbox"/> Insert Saline Lock intravenous catheter on either upper extremity only (no IV fluids to be infused pre-procedure).			
LABS & DIAGNOSTICS (Required diagnostic tests within 30 days, please place on chart):			
Testing ordered		Completed	
<input type="checkbox"/> CBC			
<input type="checkbox"/> BMP			
<input type="checkbox"/> PT			
<input type="checkbox"/> PTT			
<input type="checkbox"/> Magnesium			
<input type="checkbox"/> Serum HCG (if not menstrual period free for 1 year)			
<input type="checkbox"/> 12 lead EKG on admit			
<input type="checkbox"/> Insert urinary catheter			
Hold the following antiarrhythmics/medications: _____ for _____ days			
Home medications per Pre-cardiac/Interventional Radiology guidelines			
Continue anticoagulants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Take AM of procedure	<input type="checkbox"/> Do NOT take AM of procedure
Continue antiplatelets	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Take AM of procedure	<input type="checkbox"/> Do NOT take AM of procedure

Physician's Name (Please Print)

Physician Signature

ID#

Date

Time