

## PHYSICIAN'S PRE-PRINTED ORDERS

NM-McHenry Hospital Phone: 815.759.4710 Fax: 815.759.4665	I				
INDICATORS/DIAGNOSIS		<u> </u>			
ALLERGY	REACTION	Ht:	Wt:		
			r: 🗆 Yes 🗆 No		
Pr	re-Transcatheter Aortic	Valve Replace	ment (TAVR) Or	ders	
Name:		DOB:	Home #:	Cell #:	
Diagnosis:		Scheduled	for Date:	Time:	
Procedure (CPT Code):		H&P perfor	med by:		
ICD-10 Code: I35.0, Z00.6	, CTN: 01737528	•			
Permit to read: Transcath	eter Aortic Valve Replacer	ment			
Admit to Dr.					
☐ Admit to Inpatient Intens					
☐ Admit to Inpatient Cardi	<u> </u>				
<ul><li>☐ Baseline Neuro Assessi</li><li>☐ Baseline Peripheral Puls</li></ul>					
☐ Confirm and document		ulants and antipla	telet was taken		
☐ Record height and weig	_	,			
☐ Record vital signs and r	oom air oxygen saturation				
☐ Take blood pressure in	both arms and notify physi	cian if more than 2	0 mmHg discrepar	ncy between readings	
☐ Minimum of 20 gauge ca	atheter access, if unable to	o obtain, notify ane	sthesia		
Diet:					
□ NPO after midnight nig	·				
-	tions with sip of water in e	arly am			
Hygiene/ Skin Care	المعاد بالكروسية ومسورة	dina alwaarete (LUF	DICLENCY 40/		
□ Shower the night before procedure with chlorhexidine gluconate (HIBICLENS) 4% □ In the morning before the procedure, scrub the entire body with chlorhexidine gluconate (HIBICLENS) 2% cloths					
☐ Allow to dry for one min	·	me body with chioi	nexionie glucoriale	; (I IIDICLENS) 2% CIOUIS	
☐ Do not apply any lotions		after shower and s	scrub.		

Ρ	atient Name: DOB:		
M	ledications:		
	o NOT hold or discontinue home aspirin Instruct patient to take aspirin 325 mg or four (4) 81 mg tablets the morning of procedulation of procedulation of take the aspirin, administer aspirin 325 mg upon arrival	ure	
	old the following medications prior to procedure:    warfarin (COUMADIN): hold for 5 days. Last dose taken on   clopidogrel (PLAVIX): hold for days. Last dose taken on   prasugrel (EFFIENT): hold for days. Last dose taken on   ticagrelor (BRILINTA): hold for days. Last dose taken on   enoxaparin (LOVENOX): hold for days. Last dose taken on   dabigatran (PRADAXA): hold for days. Last dose taken on   rivaraxaban (XARELTO): hold for days. Last dose taken on   apixaban (SAVAYSA): hold for days. Last dose taken on   dapixaban (ELIQUIS): hold for days. Last dose taken on   heparin: discontinue on call to procedure    Hold diuretics and potassium supplements the day of procedure	PHAGE), or <b>met</b> t	formin
	0.9% Normal Saline IV at 100 ml/hour unless otherwise indicated, all intravenous fluid IV fluids at mL/hour	s require extensi	on tubing
	NTIBIOTICS (administer on call to cath lab):  1 cefazolin (ANCEF) 2 grams IVPB/ 3 grams if patient weights >120 kg 1 clindamycin (CLEOCIN) 900 mg IVPB if penicillin allergic 1 vancomycin 1 gram IVPB to be started 2 hours prior to procedure start time		
	ontrast Dye Allergy:  diphenhydramine (BENADRYL) 25 mg IVPx1 on call for procedure diphenhydramine (BENADRYL) 50 mg POx1 on call for procedure hydrocortisone sod succinate (SOLU-CORTEF) IVP x1 on call for procedure prednisone 50 mg PO x1 on call for procedure  Confirm and document patient took 2 previous doses	dure	
L	ABS & DIAGNOSTICS (Required diagnostic tests within 30 days, please place on char	rt):	
	Testing Ordered	ICD-10	Completed
	□ CBC with differential		
	□ СМР		
	□ PT/ INR (if on warfarin/ Coumadin, upon arrival)		
	☐ Serum HCG (if not menstrual period free for 1 year)		

	☐ If on chronic warfarin (COU	MADIN) therapy, PT/ INR morning	of procedure							
	☐ Blood Products: Type and cro	ss match 4 units packed red blood o	cells (PRBC)							
	☐ Electrocardiogram 12 lead (E	KG) (if not done in past 30 days)								
A	Additional Orders:									
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Patient Name: DOB:										
Ph	ysician's Name (Please Print)	Physician Signature	ID#	Date	Time					