

**General**

**Code Status**

<input type="checkbox"/> Full code	Code Status decision reached by:
<input type="checkbox"/> DNR (Selection Required)	
<input type="checkbox"/> DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> Modified Code	Does patient have decision-making capacity? Modified Code restrictions:
<input type="checkbox"/> Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:

**Case Request**

<input type="checkbox"/> Case request ep lab	Procedure: Ep cardioversion, Code: PR CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL [92960 (CPT®)]
<input type="checkbox"/> Case request ep lab	Procedure: Ep cardioversion w tee, Code: PR CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL [92960 (CPT®)]

**Nursing**

**Activity**

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/> Bed rest with bedside commode	Routine, Until discontinued, Starting S Bathroom Privileges: with bedside commode Post-op

**Nursing Care**

<input checked="" type="checkbox"/> Initiate Protocol/Orders	Routine, Until discontinued, Starting S Protocol: Sedation 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.
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**Diet**

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
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**Consent**

<input checked="" type="checkbox"/> Complete Consent Form	Routine, Once Consent For: Cardioversion with Procedural Related Sedation Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?
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**IV Fluids**

## IV Fluids

<input type="checkbox"/> sodium chloride 0.9% (NS) infusion	100 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.9 % infusion	100 mL/hr, intravenous, continuous, Pre-op

## Medications

### Medications

<input type="checkbox"/> MIDAZolam (VERSED) injection	1 mg, intravenous, once, For 1 Doses, Pre-op Indication(s):
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	intravenous, once, For 1 Doses

## VTE

## Labs

## Cardiology

## Imaging

## Other Studies

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

### Physician Consult

<input type="checkbox"/> Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
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## Additional Orders