

# Electroconvulsive Therapy Pre-Procedure [1770]

## General

### Case Request

Case request operating room Scheduling/ADT, Scheduling/ADT

## Nursing

### Diet

NPO Diet effective midnight, Starting S+1 at 12:01 AM  
NPO:  
Pre-Operative fasting options:  
Pre-op

### Consent

Complete consent for Routine, Once  
Procedure: Electroconvulsive therapy  
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?  
Pre-op

## IV Fluids

## Medications

### Medications

<input type="checkbox"/> glycopyrrolate (ROBINUL) injection	0.2 mg, intravenous, once, For 1 Doses, Pre-op
<input type="checkbox"/> propofol (DIPRIVAN) injection	intravenous, once, Pre-op
<input type="checkbox"/> etomidate (AMIDATE) injection	intravenous, once, For 1 Doses, Pre-op
<input type="checkbox"/> ketamine (KETALAR) injection	80 mg, intravenous, once, For 1 Doses, Pre-op
<input type="checkbox"/> succinylcholine (ANECTINE) injection	intravenous, Pre-op
<input type="checkbox"/> esmolol (BREVIBLOC) injection	30 mg, intravenous, once, For 1 Doses, Pre-op
<input type="checkbox"/> labetalol (NORMODYNE, TRANDATE) injection	intravenous, once, For 1 Doses, Pre-op
<input type="checkbox"/> caffeine-sodium benzoate injection	1,000 mg, intravenous, once, For 1 Doses, Pre-op Caffeine Sodium Benzoate 1000 mg delivers 500 mg of Caffeine
<input type="checkbox"/> buffered lidocaine 1% injection 1 mL	infiltration, once, For 1 Doses, Pre-op
<input type="checkbox"/> buffered lidocaine 1% injection 10 mL	infiltration, once, For 1 Doses, Pre-op

### Medications

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<input type="checkbox"/> labetalol (NORMODYNE, TRANDATE) injection	intravenous, once, For 1 Doses, Pre-op
<input type="checkbox"/> caffeine-sodium benzoate injection	1,000 mg, intravenous, once, For 1 Doses, Pre-op Caffeine Sodium Benzoate 1000 mg delivers 500 mg of Caffeine
<input type="checkbox"/> lidocaine PF 1% (XYLOCAINE) injection	infiltration, once, For 1 Doses, Pre-op

### PRN Agitation (Single Response)

<input type="checkbox"/> haloperidol lactate (HALDOL) injection	2 mg, intramuscular, daily PRN, agitation, Pre-op Indication:
<input type="checkbox"/> haloperidol (HALDOL) tablet	5 mg, oral, daily PRN, agitation, Pre-op Indication:
<input type="checkbox"/> OLANZapine (ZyPREXA) injection	intramuscular, daily PRN, agitation, Pre-op Indication:
<input type="checkbox"/> OLANZapine (ZYPREXA) tablet	oral, daily PRN, agitation, Pre-op Indication:
<input type="checkbox"/> ziprasidone (GEODON) injection	20 mg, intramuscular, daily PRN, agitation, Pre-op Indication:

### PRN Hypertension (Single Response)

<input type="checkbox"/> clonIDINE (CATAPRES) tablet	0.1 mg, oral, once PRN, high blood pressure, Pre-op BP & HR HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> esmolol (BREVIBLOC) infusion	50-200 mcg/kg/min, intravenous, once, For 1 Doses, Pre-op
<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, once PRN, high blood pressure, Pre-op BP HOLD parameters for this order: Contact Physician if:

### Mild Pain (Pain Score 1-3) (Single Response)

(adjust dose for renal/liver function and age)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet OR oral solution	<b>"Or" Linked Panel</b> Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Pre-op Give if patient able to take oral tablet medication.
<input type="checkbox"/> acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Pre-op Give if patient cannot receive oral tablet but can receive oral solution.
<input type="checkbox"/> ibuprofen (MOTRIN) tablet OR oral solution	<b>"Or" Linked Panel</b> Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
<input type="checkbox"/> ibuprofen (ADVIL,MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Pre-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Pre-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet.
<input type="checkbox"/> naproxen (NAPROSYN) tablet - Not recommended for patients with eGFR LESS than 30 mL/min.	250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Pre-op Not recommended for patients with eGFR LESS than 30 mL/min.

### PRN Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Pre-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Pre-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.
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<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Pre-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Pre-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

### PRN Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Pre-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Pre-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

### PRN Anxiolytics

<input type="checkbox"/> LORAZepam (ATIVAN) injection	intravenous, daily PRN, anxiety, Pre-op Indication(s): Anxiety
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## VTE

## Labs

### COVID-19 Qualitative PCR

<input type="checkbox"/> COVID-19 qualitative RT-PCR - Nasal Swab	STAT For 1 Occurrences Specimen Source: Nasal Swab Is this for pre-procedure or non-PUI assessment? Yes Pre-op
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### Laboratory

<input type="checkbox"/> CBC with platelet and differential	Once, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/> TSH	Once, Pre-op
<input type="checkbox"/> T4, free	Once, Pre-op

<input type="checkbox"/>	Pseudocholinesterase, total	Once, Pre-op
<input type="checkbox"/>	Alcohol level, blood	Once, Pre-op
<input type="checkbox"/>	hCG qualitative, urine screen	Once, Pre-op
<input type="checkbox"/>	Urinalysis, automated with microscopy	Once, Pre-op

## Cardiology

### Cardiology

<input type="checkbox"/>	ECG 12 lead	Routine, Once Clinical Indications: Interpreting Physician: Pre-op
<input type="checkbox"/>	Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging, Starting S at 1:00 AM, Pre-op

## Imaging

### MRI

<input type="checkbox"/>	MRI Brain Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op
<input type="checkbox"/>	MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op

### CT

<input type="checkbox"/>	CT Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op
<input type="checkbox"/>	CT Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op

### X-ray

<input type="checkbox"/>	Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op
<input type="checkbox"/>	Spine Entire Ap And Lateral	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op

## Other Studies

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

## Additional Orders