

USE BALL POINT PEN

PRESS FIRMLY

Do Not Use Abbreviations: U (for Unit), IU for International unit), Q.D., Q.O.D., Trailing Zero (X.0 mg) MS, MSO4 MgSO4

PRE LAAC (LEFT ATRIAL APPENDAGE CLOSURE)

Date of Procedure: _____

Admit as Inpatient

Telemetry Monitoring: Yes No

May be off telemetry monitoring for transport to Electrophysiology Lab.

- LABS: Basic Metabolic Panel (Do not repeat if within 5 days)
 PT (Do not repeat if within 5 days)
 PTT (Do not repeat if within 5 days)
 CBC (Do not repeat if within 5 days)
 Type and screen for _____ units packed cells



To be done in PAT

EKG: EKG (AM of procedure)

IV'S: Sodium Chloride 0.9% at 150 ml/hour. - As soon as IV access obtained.

MEDICATIONS:

- Discontinue Lovenox
 Discontinue Heparin at _____ a.m. p.m.
 Pre Sedation to be administered in procedure room:
 Fentanyl IV _____ mcg
 Versed IV _____ mg
 Other: Ancef 1 gm IV infuse over 1 hour; 1 hour prior to the procedure.

NURSING ACTIONS:

NPO after midnight.
 History and physical on chart. Notify physician or ARNP if not done.
 Patient to wear hospital gown and void prior to transporting to department.
 Notify physician if INR greater than 1.5.
 Remove all jewelry.

ADDITIONAL ORDERS:

Please insert 1 IV site #18 in size prior to procedure.
 Hold blood Thinner _____ for _____ days
 Hold diuretic meds on day of procedure.
 Hold Diabetic meds on day of procedure

MD clearance _____
 _____ Specialty _____ MO _____ Phone # _____

Allergies & Sensitivities NKA

Physician's Signature: _____ Date: _____ Time: _____

JFK Medical Center, Atlantis, FL 33462
PRE LAAC (LEFT ATRIAL APPENDAGE CLOSURE)



Patient Identification/Label