**Unique Plan Description: Left Atrial Appendage Closure Preop**

**Plan Selection Display: Left Atrial Appendage Closure Preop**

**PlanType: Medical**

**Version: 1**

**Begin Effective Date: 9/11/2013 14:19**

**End Effective Date: Current**

**Available at all facilities**

**CARD Lab and Diagnostic Tests**

**Patient Care**

  Discontinue PowerPlan

 *Upon transfer or change in level of care.*

**Laboratory**

**iSTAT**

 CBC

 BMP

 INR

**Urine Studies**

  UA

 *Urine - Cl. Catch/Mid., Routine* (DEF)\*

 *Urine - Indwelling Catheter, Routine*

 *Urine - Straight Cath/Davol, Routine*

  Urine Culture

 *Urine - Cl. Catch/Mid., Routine* (DEF)\*

 *Urine - Indwelling Catheter, Routine*

 *Urine - Straight Cath/Davol, Routine*

**Pregnancy Labs**

  Pregnancy Test - URINE\*

 *Routine Once* (DEF)\*

 *STAT Once*

  HCG - Pregnancy Test, Qualitative - Serum

 *Routine Once* (DEF)\*

 *STAT Once*

**Microbiology**

  MRSA PCR Screen

 *Nose, Routine Once*

**Blood Bank**

  Type and Crossmatch Red Blood Cells

 *Routine, Once, Pre-Op/Pre-Procedure, Amount Requested 2, Keep Ahead: 2 Units, Sickle Cell Anemia: No, Oncology: No*

**Diagnostic Tests**

  EKG

 *Routine, Once, Reading Physician: Heart Station*

**Left Atrial Appendage Closure Preop**

**Consents**

  Obtain Consent

 *Consent For: Percutaneous Transcatheter Closure of the Left Atrial Appendage*

  *Percutaneous Transcatheter Closure of the Left Atrial Appendage*

 *Routine, Once, Routine Reporting Priority*

  Obtain Consent

 *Consent For: Transesophageal Echocardiogram*

  TEE (Transesoph. Echo, TEE)

 *Routine, Once*

**Vital Signs**

  Vital Signs

 *Routine, Every 8 Hours*

  Pulse Oximetry Check

 *Routine, Every 8 Hours*

**Activity**

  Up Ad Lib

**Diet**

  NPO

 *T;N, Per anesthesia* (DEF)\*

 *T;N, Except for medications*

 *T;N, Except for Beta Blockers*

 *T;N, Except for Ice Chips*

 *T+1;0001, After midnight*

 *T+1;0001, After midnight except for medications*

  Healthy Heart TLC Diet

**Patient Care**

  Discontinue PowerPlan

 *Upon transfer or change in level of care.*

**Nursing Interventions**

  Weigh

 *Routine, Once, On admission.*

  Surgical Skin Preparation

 *Site: clip bilateral groins*

 *Sage 2% CHG cloth wipes to neck, chest, arms, underarms, abdomen, right and left hip, finish with*

 *groin and perineum*

  SCDs

 *Send to the lab with patient.*

  Foley Catheter; PRN

 *Urinary Retention*

**IV Access**

  Insert Saline Lock

 *#18 gauge IV.*

**Nurse Communication**

  Notify Physician/Provider Vital Signs

 *If temperature is greater than 100 F.*

  Nurse Communication

 *Hold all oral hypoglycemic medications.*

**Continuous Infusions**

  Sodium Chloride 0.45%

 *1,000 mL, IV, Rate: 125 mL/hr* (DEF)\*

 *1,000 mL, IV, Rate: 100 mL/hr*

 *1,000 mL, IV, Rate: 75 mL/hr*

 *1,000 mL, IV, Rate: 50 mL/hr*

  Sodium Chloride 0.9%

 *1,000 mL, IV, Rate: 125 mL/hr* (DEF)\*

 *1,000 mL, IV, Rate: 100 mL/hr*

 *1,000 mL, IV, Rate: 50 mL/hr*

  Dextrose 5% with 0.45% NaCl

 *1,000 mL, IV, Rate: 125 mL/hr*

  sodium bicarbonate 150 mEq/ D5W 1000mL (IVS)\*

 Dextrose 5% in Water

 *1,000 mL, IV, Rate: See comments*

 *Comments: Titration Instructions: Infuse for one hour. Start at \_\_\_\_\_ or on call to Cath Lab and continue this infusion at a rate of \_\_\_\_\_\_mL/hr for \_\_\_\_\_ hours post- procedure or until \_\_\_\_\_\_ hours.*

 sodium bicarbonate additive

 *150 mEq*

**Medications**

  GM Glycemic Control for Eating/NPO Patients (IGMO)(SUB)\*

***Scheduled Medications***

  MucoMYST oral Cap (Restricted)

 *600 mg, PO, Cap, Every 12 Hours, Duration: 4 Dose*

OR(NOTE)\*

  MucoMYST oral Cap (Restricted)

 *1,200 mg, PO, Cap, Every 12 Hours, Duration: 4 Dose*

If contrast allergy, pretreat on call to the lab.(NOTE)\*

  Benadryl

 *50 mg, IVPush, Inj, On Call*

 *Comments: If contrast allergy, pretreat on call to the lab.*

  Solu-MEDROL

 *125 mg, IVPush, Inj, On Call*

 *Comments: If contrast allergy, pretreat on call to the lab.*

***PRN Medications***

  Flush, Saline Lock

 *10 mL, IVPush, Syrg, q Shift, PRN Line Patency*

 *Comments: 3 - 10 mL flush*

**Consults**

  Consult Pacemaker Interrogation Representative

 *If patient has pacemaker or ICD; Identify vendor and evaluate pacer the night before surgery.*

 *Comments: Representative to document pacemaker/ICD clearance in chart and be on standby for day of procedure.*

  Consult Anesthesia

**\*Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase