**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