



PACEMAKER PRE-OP ORDER

Patient: _____ Date: _____

Time: _____ am
_____ pm

Admit patient to Dr. Joshua Winslow.

Telemetry Monitoring

Dx: _____

Condition:

VS q4 hours

IV in _____ arm

NS 250 cc/Cefazolin 1 gm Send to OR with patient.

NS 1000 cc/Cefazolin 1 gm Send to OR with patient

If Penicillin allergic:

NS 250 cc/Vancomycin 1 gm Send to OR with patient

NS 1000 cc/Vancomycin 1 gm Send to OR with patient

Patient chart to include:

Consent

History & Physical

CBC, Metabolic panel, PT, PTT, UA

EKG (within 4 weeks)

Chest x-ray (within 4 weeks)

Pregnancy test if female and <55 years old

Urine HCG – notify M.D. if positive

Date: _____

_____, M.D.
Signature