



<b>PRE SHD</b>	<b>Pre-op order for</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> ASD closure device</li> <li><input type="checkbox"/> PFO closure device</li> <li><input type="checkbox"/> PDA closure device</li> <li><input type="checkbox"/> PTMC</li> </ul>	<b>Intervention Date</b> ___/___/___									
Date ___/___/___	<ul style="list-style-type: none"> <li><input type="checkbox"/> Admit ward cardio    <input type="checkbox"/> สงฆ์ 2                      <input type="checkbox"/> อญ.1                      <input type="checkbox"/> พิเศษ _____</li> <li><input type="checkbox"/> CBC, PT, PTT, INR, anti-HIV, BUN, Cr, E'lyte</li> <li><input type="checkbox"/> CXR, EKG 12 leads</li> <li><input type="checkbox"/> BW = _____ kg, HT = _____ cm</li> <li><input type="checkbox"/> ตรวจสอบและยีนสิทธิบัตร</li> <li><input type="checkbox"/> Clean &amp; shave both groins</li> <li><input type="checkbox"/> NSS 500 ml IV 40 ml/hr at Lt. arm</li> <li><input type="checkbox"/> Prepare these equipments to Cath Lab               <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1) Electrode x8</td> <td style="width:33%;">4) NSS 500 ml x1</td> <td style="width:33%;">7) Syringe 10 ml x5</td> </tr> <tr> <td>2) Needle No.18 x5</td> <td>5) NSS 1000 ml x2</td> <td>8) Heparin x1 vial</td> </tr> <tr> <td>3) Needle No.23 x1</td> <td>6) IV set x2</td> <td>9) Cefazolin 1 gm</td> </tr> </table> </li> <li><input type="checkbox"/> Send patient to Cath Lab (on call) with chart &amp; HN stickers x 20</li> </ul>		1) Electrode x8	4) NSS 500 ml x1	7) Syringe 10 ml x5	2) Needle No.18 x5	5) NSS 1000 ml x2	8) Heparin x1 vial	3) Needle No.23 x1	6) IV set x2	9) Cefazolin 1 gm
1) Electrode x8	4) NSS 500 ml x1	7) Syringe 10 ml x5									
2) Needle No.18 x5	5) NSS 1000 ml x2	8) Heparin x1 vial									
3) Needle No.23 x1	6) IV set x2	9) Cefazolin 1 gm									
<b>Medication managements</b>											
<b>Order for one day</b>	<b>Order for continuation</b>										
<ul style="list-style-type: none"> <li><input type="checkbox"/> NPO เว้นยา pc เข้า</li> <li><input type="checkbox"/> Hold ยา DM และ warfarin/NOAC เข้าวัน intervention</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> ทานยาเดิมอื่นต่อ</li> <li style="text-align: center;"><b><input type="checkbox"/> OFF warfarin/NOAC protocol (case พ.โอบิษฐ์)</b></li> <li><input type="checkbox"/> Off warfarin 3 days before intervention (___/___/___ - ___/___/___)</li> <li><input type="checkbox"/> NO enoxaparin bridging</li> <li><input type="checkbox"/> With enoxaparin bridging in high-risk group Enoxaparin ___ ml (1 mg/kg) SC q ___ hr (ยาเดิม Pt.) before intervention (___/___/___ - ___/___/___) x2 days</li> <li><input type="checkbox"/> Off NOAC _____ for 1 day before intervention (___/___/___)</li> <li><input type="checkbox"/> If INR &gt;=1.8 ให้ FFP 1 U</li> <li><input type="checkbox"/> If INR &gt;=3 ให้ FFP 2 U</li> <li><input type="checkbox"/> Repeat INR หลัง FFP ครบ, if INR &gt;1.8 consult พ.โอบิษฐ์</li> </ul>										
	_____ (doctor sign) Ver 2 031164										