

Northwestern Medicine McHenry Hospital

 Phone: 815.759.4710
 Fax: 815.759.4665

 Northwestern Medicine Huntley Hospital

 Phone: 815.334.3166
 Fax: 815.759.4119

INDICATORS/DIAGNOSIS _____

ALLERGY	REACTION

Ht: _____ Wt: _____

 Smoker: Yes No

PRE-TRANSESOPHAGEAL ECHOCARDIOGRAM (TEE) ORDERS

Name:	DOB:	Home phone:	Cell:
Diagnosis:	Scheduled for	Date:	Time:
Procedure (CPT Code):	H&P performed by:		
ICD-10 Code:			
Permit to read: Transesophageal Echocardiogram			
NPO six (6) hours prior to procedure unless otherwise ordered by physician. May give medications with sip of water as instructed by physician. <input type="checkbox"/> Continue all anticoagulant medication as usual including morning dose day of procedure. <input type="checkbox"/> Continue all antiplatelet medication as usual including morning dose day of procedure.			
LABS & DIAGNOSTICS (Required diagnostic tests within 30 days please place on chart):			
Testing ordered	Completed		
<input type="checkbox"/> CBC			
<input type="checkbox"/> BMP			
<input type="checkbox"/> PT			
<input type="checkbox"/> PTT			
<input type="checkbox"/> Magnesium			
<input type="checkbox"/> Serum HCG (if not menstrual period free for 1 year)			
<input type="checkbox"/> digoxin (LANOXIN) level if patient on digoxin (LANOXIN) on admit Call physician if patient has taken digoxin (LANOXIN) within 6 hours.			
<input type="checkbox"/> 12 lead EKG on admit			
Insert intravenous catheter on either upper extremity and start 0.9% normal saline IV at 100mL/hour unless otherwise indicated. All intravenous fluids require extension tubing. Lidocaine (XYLOCAINE MPF) 10mg/mL (1%) injection 0.25mL, intradermal or transdermal, as needed for pre-procedure IV start.			
<input type="checkbox"/> IV fluids _____ at _____ mL/hour <input type="checkbox"/> Insert Saline Lock intravenous catheter on either upper extremity only (no IV fluids to be infused pre-procedure)			
Check if required to have available: <input type="checkbox"/> digoxin (LANOXIN) 0.25mg IV <input type="checkbox"/> verapamil 5mg IV			
<input type="checkbox"/> Anesthesia required for procedure <input type="checkbox"/> Respiratory Therapy on standby			

 Physician's Name (Please Print)

 Physician Signature

 ID#

 Date

 Time