**Watchman Left Atrial Appendage Closure Device (LAAC)**  
**Post Procedure Orders**

<table>
<thead>
<tr>
<th>Abbreviations</th>
<th>USE</th>
<th>DO NOT USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO NOT USE</td>
<td>Q.D.</td>
<td>QD</td>
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<td>q.d.</td>
<td>Q.O.</td>
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<td>q.o.</td>
<td>U</td>
<td>u</td>
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<tr>
<td>No Trailing Zero</td>
<td>Lack of Leading Zero</td>
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</tr>
<tr>
<td>MS</td>
<td>Morphine Sulfate</td>
<td></td>
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<tr>
<td>MSO4</td>
<td>Morphine Sulfate</td>
<td></td>
</tr>
<tr>
<td>MgSO4</td>
<td>Magnesium Sulfate</td>
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**Post Procedure:** ☑ continue Inpatient status  
**Diagnosis S/P:** 

**Bed Type:** PACU for recovery then  
☐ ICU  ☐ Telemetry  ☑ medical  ☐ surgical  ☐ cardiac

**Activity:** Bedrest for  
☑ 4 hours AFTER sheath removal, then ad lib  
☑ HOB 0-30 degrees until sheath removed

**Vital Signs:**  
☑ per PACU, then Q 30min x 2, Q 1hr x 4, then Q 4 hrs  
☑ Assess dorsalis pedis and posterior tibial pulse on side of cardiac cath and assess femoral cath site for bleeding with VS checks

**Diet:**  
☐ Encourage PO fluids  
☐ Regular  ☐ Clear liquids  ☐ full liquids  ☐ NPO  ☐ NPO except medications  
☐ Low Fat  ☐ 2 gm Na  ☐ 60 gm consistent carb  ☐ Ice chips only  
____________________

**Nursing:**  
**Sheath Removal:**  
☐ ACT upon arrival to unit -If ACT less than 150, remove sheath;  
If ACT greater than 150, check ACT Q1h until less than 150, then remove sheath

☐ After sheath removed, apply hemcon patch, then Tegaderm to site. Remove Tegaderm in AM  
☐ Notify MD performing procedure, if patient has bleeding at groin area, a decrease or loss of distal pulses or increased ectopy  
☐ SCD on non-procedural lower extremity unless contraindicated per Nursing Guidelines  
☐ SCD on procedural lower extremity 12 hours post sheath removal unless contraindicated per Nursing Guidelines

**Labs/Diagnostics:**  
☐ INR in am  
☐ CBC and BMP in am

**IV Fluids:**  
☐ ½ Normal Saline (0.45% NaCl) @ _________ mL/hr for _______ hours, then convert to INT  
☐ Normal Saline (0.9% NaCl) @ _________ mL/hr for _______ hours, then convert to INT

**Medications:**  
☑ See Medication Reconciliation Orders

☐ *Enoxaparin (Lovenox®)* 1 mg/kg SQ x1 (round to nearest 10 mg, max dose 150 mg)  
Give dose ☐ Today at _______  
☐ in AM

☐ *Warfarin* _______ mg PO at 1700 day of procedure, then warfarin _______ Q day  
**Indication:** Atrial fibrillation (INR 2-3, Goal 2.5)

**MD Signature:**  
Date:  
Time:

**RN Signature:**  
Date:  
Time:

**Clinical Decision Support**

Enoxaparin an option if warfarin is the chronic anticoagulation strategy
**Cardiology Universal Orders**  Page 1 of 1

### NURSING:

Notify MD for:
- **SBP** < (90) ______ or > (180) ______ 
- **DBP** < (40) ______ or > (100) ______ 
- **HR** < (50) ______ or > (120) ______ 
- **RR** > (30) ______ 
- **Temp** > (101) ______ 
- **O2 sats** < (90%) ___________ on _______; **Urine Output** < (1cc/kg/hr) __________

**Chest Pain:**
- ☑ Administer PRN Nitroglycerin as below.
- ☑ Stat EKG: “chest pain”; Fax to MD for interpretation
- ☑ Notify cardiologist of CP
  - If chest pain unrelieved by NTG:
    - ☑ Notify Rapid Response Team
    - ☑ Administer Oxygen via NC at 2L/min
    - ☑ Initiate Telemetry if non monitored
    - ☑ Notify MD of unrelieved chest pain or hypotension associated with chest pain

### MEDICATIONS:

**Statin:**

☐ ____________________________________________________________________________________

**ASA:**

☐ Aspirin 81 mg daily (preferred dose) ☐ Aspirin 325 mg daily

**ACE/ARB:**

Begin: ___/___/____

**Beta Blocker:**

_____________________________________________________________________________________

**VTE prophylaxis:**

☐ Patient is moderate to high risk for VTE
  - ☑ Enoxaparin (Lovenox) 40mg SQ Q 24hrs (caution in patients with CrCl < 30ml/min; heparin is preferred agent)
  - ☑ **Heparin** 5000 units SQ Q 8hrs
    - Anticoagulation **Contraindicated** because:
      - ☑ High risk of bleeding
      - ☑ On therapeutic anticoagulation
      - ☑ Other: ________________________________

**Analgesia:**

☐ Acetaminophen (Tylenol) 650mg PO Q 4hrs PRN mild pain (1-3) (Max dose acetaminophen 4g / 24hrs)
  - ☑ Hydrocodone/acetaminophen (Norco 5/325 mg) 1-2 tab PO Q 6hrs PRN mod pain (4-7) (Max dose Tylenol 4g / 24hrs)

**Chest Pain:**

☐ Nitroglycerin 0.4mg SL Q 5min x 3 doses PRN chest pain

**Gastrointestinal:**

☐ Magnesium hydroxide (MOM) 30 mL PO daily PRN constipation
  - ☑ Aluminum hydroxide/magnesiumhydroxide/simethicone (Maalox) 30mL PO TID PRN indigestion
  - ☑ Ondansetron (Zofran) 4mg IV Q 6h PRN nausea/vomiting

**Sleep:**

☐ Zolpidem (Ambien) 5 mg PO Q HS PRN

**Electrolytes:**

☐ **Cardiology** Potassium & Magnesium Replacement Protocols IF creatinine ≤ 2.5 (Potassium Protocol) and ≤ 4 (Magnesium Protocol). Protocols are **NOT** to be used during therapeutic hypothermia.

### GLUCOSE MANAGEMENT:

- ☑ In ICU - Initiate “ICU Blood Glucose Treatment Protocol”
- ☑ INPATIENT: Outside of ICU – Upon admission check FSBG – if BG > 180mg/dL, repeat in 4hrs; If 2 consecutive FSBG > 180 mg/dL notify MD
- ☑ OUTPATIENT: IF PATIENT DIABETIC – Check FSBG upon admission and prior to any scheduled insulin dose.
- ☑ FOR ALL PATIENTS: Initiate Hypoglycemia protocol if BG < 70 and notify MD

MD Signature: ___ Date: ___ Time: ___

RN Signature: ___ Date: ___ Time: ___

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