Print Only Selected Items | Print All

Authorization is hereby given to dispense the Generic or Chemical equivalent unless otherwise indicated with the words "DO NOT SUBSTITUTE"

DIAGNOSIS _____

Check box to activate order

Admission Level of Care

- ☑ ADMIT TO Inpatient ICU Dx: Postop Cardiac Surgery
- ☑ PATIENT CONDITION Critical
- ☑ CODE STATUS: Full Code

Vital Signs

- ☑ VITAL SIGNS VS Q 15 min. until stable and when weaning vasoactive drips; then Q 30 min. X 12; then Q 1 H

Activity

- ☑ ACTIVITY Bed Rest. Turn pt Q 2 H while intubated if stable.
- ☑ ACTIVITY OOB to chair when femoral line D/Ced and hemodynamically stable and extubated. Then advance as ordered.
- ☐ PATIENT POSITION Do not elevate HOB for _____ hours after surgery
- ☐ PATIENT POSITION Elevate HOB 30 degrees

Nursing Orders

- ☑ NOTIFY MESSAGE Call cardiac surgeon for SBP < 90 or > 150 mmHg; PAD/CVP/Physical Assessments changes from baseline: Urine Output < 30 ml/H X 2 H; dysrhythmias; Abnormal lab results; CI < 1.8
- ☑ PATIENT CONDITION MESSAGE if SBP < 90, give NSS bolus per order
- ☑ PATIENT CONDITION MESSAGE Transition to Level II when A-line AND hemodynamic drips are discontinued.
- ☐ CV LINES: Cardiac outputs Q 1 H; then Q 2 H once extubated if hemodynamically stable..
- ☑ CV LINES: Do not wedge.
- ☑ FOLEY to gravity. **Evidence**
- ☑ BLADDER SCANNING: Q 8 H after foley is removed x 3
- ☑ WEIGH daily before 0800
- ☑ COMPRESSION DEVICE to non-EVH site leg(s) over elastic stockings. After 48 H postop, apply compression device to EVH site leg(s).
- ☑ TREATMENT Re-wrap ace bandages PRN on EVH leg(s). Replace aces with knee high antiembolic stockings 48 H postop. Remove stockings PRN then replace.
- ☑ DRESSING Leave Post-op Aquacel Ag dressing to sternum X 5 days, then remove and wash incision twice daily with soap and water
- ☑ GASTRIC TUBE to Low Intermittent Suction. Irrigate with 30 ml. NSS PRN. D/C before extubation.
- ☑ CHEST TUBE to drainage system with (-) 20 cm suction. Call cardiac surgeon for chest tube drainage > 200 ml/hour or > 750 ml. in 8 hours.
- ☑ NSG INCENTIVE SPIROMETRY and C and DB Q 1 H while awake
- ☑ PACEMAKER / PACER WIRES Attach pacemaker generator if: ☐ Heart Rate < 50; ☐ Post operative valve patient
- ☑ PACEMAKER / PACER WIRES If pacemaker attached, use the following settings: Rate ____ ;Mode ____ ; MA ____ ; Sensitivity ____

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Temperature Management

- ☑ WARMING BLANKET to attain Temp of 37 degrees C. Measure Temp Q 1 H until normothermic; then Q 4 H. **Evidence**
- ☑ BLOOD WARMER for all transfusions until normothermic.
- ☑ NOTIFY MESSAGE Call surgeon if T > 38.5 C

Vasoactive Weaning and Associated Orders

- ☑ PHARMACY MESSAGE If patient on vasoactive drips, check with surgeon before administering blood pressure medications.
- ☑ MESSAGE When hemodynamically stable, wean off vasoactive and inotropic agents. Call if unable to wean.
- ☑ MESSAGE Transition to Level II when patient is stable with vasoactive drips off for 6 hours AND extubated. Level II transition measures: D/C pulmonary artery catheter & D/C radial arterial line after AM labs drawn and If AM labs within accepted limits.
- ☑ CV Lines Discontinue femoral arterial/venous lines when patient is stable if radial arterial line is functional.

Diet

- ☑ NPO until extubated and gastric tube D/C; Then sips of clear liquids
- ☑ ADVANCE DIET AS TOLERATED TO Postop Heart Clear Liquid for 24 hours, then Heart Healthy diet or Heart Healthy/Carbohydrate Controlled diet if diabetic. Limit fluid intake to 2400 ml/24 hours.

IV Fluids/Fluid Management

- ☑ I & O Q 1 H
- ☑ PATIENT CONDITION MESSAGE if SBP < 90, infuse 250 ml NSS PRN. IF SBP < 90 after bolus, notify surgeon.
- ☑ NS IV at 50 mL/hr
- ☑ NSS IV 10 mL/hr through each port of IJ introducer sheath, unless other fluids infusing at a rate of >= 10 mL/hr through each port.
- ☐ NSS 250 mL PRN if SBP < 90. If SBP < 90 after bolus, notify Surgeon.
- ☐ IV FLUID D/C maintenance IVF when tolerating PO fluid.
- ☐ NSS IV for all hemodynamic monitoring tubing. Flush PRN (No Heparin)

Respiratory

- ☑ VENTILATOR SETTING Rate [ ]; Tidal Volume [ ]; PEEP [ ]; FIO2 [ ]
- ☑ WEANING PROCEDURE When stable and ready to wean (follows commands, breaths when instructed): Decrease IMV to 4 and add 5 PSV. within 30 min., if hemodynamic and pulmonary parameters unchanged, change vent to PSV5/PEEP 5 and do ABG in 20 min. If ABG WNL, may extubate.
- ☑ OXYGEN after extubation to maintain SpO2 > 90%.
- ☐ WEANING PROCEDURE Extubate if hemodynamic and pulmonary parameters unchanged and PaO2 > [ ]; PaCO2 < [ ]; pH > [ ]
- ☐ OXYGEN FOR VENTILATION Continuous pulse oximetry. Wean FIO2 to keep SpO2 > 90%.
- ☐ ABG (POINT OF CARE) in AM if patient remains ventilated.
- ☐ CPT INITIAL Q 4 H once extubated while awake.
- ☐ CPT SUBSEQUENT Q 4 H once extubated while awake.
- ☑ PEP/FLUTTER THERAPY Q 4 H and PRN once extubated while awake

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Antimicrobial Prophylaxis

- ***Positive MRSA Screen; Hx of MRSA infection or of colonization (even if most recent screening is negative); Resident of Healthcare facility, Correctional Facility or Group home in past 12 months, Transferred from another healthcare facility including Nursing Home; Receiving any form of dialysis; Has invasive device at time of admission; Has open wounds or skin breakdown at time of admission.***

Antimicrobial Prophylaxis: If *MRSA risk factors and no Beta-Lactam Allergic (Ancef AND Vancomycin)

- ☐ Kefzol (Cefazolin) 1 gram IV Q 8 H* X 3 doses. *Pharmacy to adjust to 1 gram Q 24 H X 1 dose if CrCl < 10 mL/min;. **Preop/Intraop Dose given at** _____

AND

- ☐ Vancomycin 1 gm IV Q 12 H* X 2 doses. *Pharmacy to adjust to 1 gram IV Q 24 H X 1 dose if CrCl 20-50 mL/min; or No postop dose if CrCl < 20 mL/min. **Preop/Intraop dose given at** _____

Antimicrobial Prophylaxis: If *MRSA risk factors and Beta-Lactam Allergic (Vancomycin AND preop Levaquin) or (Vancomycin AND Gentamicin)

- ☐ Vancomycin 1 gm IV Q 12 H* X 2 doses. *Pharmacy to adjust to 1 gram IV Q 24 H X 1 dose if CrCl 20-50 mL/min; or No postop dose if CrCl < 20 mL/min. **Preop/Intraop dose given at** _____
- ☐ Gentamicin Sulfate 80 mg Q 8 H* X 3 Doses. *Pharmacy to adjust to Q 12 H X 2 doses if CrCl 40-59 mL/min; or Q 24 H X 1 dose if CrCl < 40 mL/min. **Preop/Intraop Dose given at** _____

Antimicrobial Prophylaxis: No MRSA risk factors and Non Beta-Lactam Allergic

- ☐ Kefzol (Cefazolin) 1 gram IV Q 8 H* X 3 doses. *Pharmacy to adjust to 1 gram Q 24 H X 1 dose if CrCl < 10 mL/min;. **Preop/Intraop Dose given at** _____

Antimicrobial Prophylaxis: No MRSA risk factors and Beta-Lactam Allergic (Clindamycin AND preop Levaquin) or (Clindamycin AND Gentamicin)

- ***Do NOT order Clindamycin if Patient History of C. Difficile.***

- ☐ Cleocin (Clindamycin) 600 mg IV Q 8 H X 3 doses. Preop/Intraop Dose given at _____
- ☐ Gentamicin Sulfate 80 mg Q 8 H* X 3 Doses. *Pharmacy to adjust to Q 12 H X 2 doses if CrCl 40-59 mL/min; or Q 24 H X 1 dose if CrCl < 40 mL/min. **Preop/Intraop Dose given at** _____

Medications

IV Medication: Vasoactive and Inotropic Agents

- ☐ Dopamine 400 mg/250 mL D5W IV at 3 mcg/kg/min. Do not titrate.
- ☐ Levophed (Norepinephrine Bitartrate) 8 mg/500 mL D5W IV. Start at 0.01 mcg/kg/min. Titrate 0.01 mcg/kg/min Q 15 minutes to keep SBP > 110. Max dose 0.1 mcg/kg/min.
- ☐ Epinephrine 4 mg/250 mL D5W IV. Start at 0.01 mcg/kg/min. Titrate 0.01 mcg/kg/min Q 15 minutes to keep SBP > 110. Max 0.1 mcg/kg/min.
- ☐ Phenylephrine 50 mg/250 mL D5W IV. Start at 20 mcg/min. Titrate 10 mcg/min Q 15 minutes to keep SBP > 110. Max dose 180 mcg/min.
- ☐ Vasopressin 100 units/100 mL D5W IV. Start at 0.03 units/minute. Titrate by 0.01 units/minute Q 15 minutes to keep SBP > 110. Max dose 0.1 units/minute. Call physician if Max dose is reached.
- ☐ Primacor (Milirone) 20 mg/100 mL D5W. Start at 0.375 mcg/kg/min. Titrate 0.125 mcg/kg/min Q 2 H to keep SBP > 110. Max dose 0.75 mcg/kg/min
- ☐ Cardene (Nicardipine) 20 mg/200 mL at 5 mg/hour IV. Start at 5 mg/hr. Tirate 2.5 mg/hour Q 15 minutes to keep SBP < 130 Max 20 mg/hour

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Ventilator Sedation

- ☐ Midazolam HCl 1 mg IV Q 2 H PRN agitated (RASS Score +1).
- ☐ Midazolam HCl 2 mg IV Q 2 H PRN very agitated (RASS Score +2 or +3)
- ☐ PHARMACY MESSAGE D/C IV sedation during and after weaning ventilator.

Daily Medications

- ☑ Chlorhexidine Rinse 0.12% for Oral Care Q 12 H while intubated
- ☐ Coumadin (Warfarin) _____mg PO x 1 dose
- ☐ Coumadin - Call daily with PT/INR for orders.
- ☐ Plavix (Clopidogrel) 75 mg PO Q day
- ☑ Aspirin Baby 81 mg PO Q day. Start POD 1
- ☐ Magnesium Sulfate 2 gm in 50 mL IV Q day start today (day of surgery)
- ☑ Mupirocin Calcium Nasal ointment. Apply into each nostril daily X 5 days.
- ☐ Colace (Docusate) 100 mg PO BID
- ☐ Senokot (Senna) 1 TAB PO Q day
- ☑ Prilosec (Omeprazole) 40 mg PO Q day
- ☐ Cordarone (Amiodarone) 200 mg PO BID Start POD # 1 for A fib prophylaxis.
- ☑ Lipitor (Atorvastin) 20 mg PO QHS Start POD # 1
- ☐ Vitamin C (Ascorbic Acid) 2 grams PO Q day. Start POD # 1

Insulin Management

- ☑ **Titrate Insulin Drip per Inpatient Cardiothoracic Surgery Insulin Drip Orders; Run for 24 hours postop.**

Supplemental KCL

- ☑ ***Potassium Chloride 20 meq/100 ml IV X 1 dose at 150 mL/hour STAT on arrival to ICU. Give via Central Line only.***
- ☑ **Potassium Chloride 20 meq/100 ml IV X 1 dose at 150 mL/hour Q 6 H PRN for serum K 4.0 - 4.4. Give via central line only. D/C order when Level II.**
- ☑ **Potassium Chloride 20 meq/50 ml IV X 2 doses at 150 mL/hour Q 6 H PRN for serum K < 4.0. Give via central line only. D/C order when Level II.**

PRN Medications: Analgesia

Analgesia: Mild Pain

- ☐ **Tylenol (Acetaminophen) 650 mg PO Q 4 H PRN mild pain**
- ☐ **Tylenol (Acetaminophen) 650 mg liquid via NGT Q4H PRN Mild pain, if unable to tolerate PO**
- ☐ **Tylenol (Acetaminophen) 650 mg PR Q 4 H PRN mild pain, if unable to tolerate PO, and no NGT present**

Analgesia: Moderate Pain

Select One oral agent:

- ☐ ***Dilaudid (Hydromorphone) 2 mg PO Q 4 H PRN moderate pain if tolerating PO***
- ☑ ***Oxycodone 5 mg PO Q 4 H PRN Moderate pain if tolerating PO***

And Select One Parenteral Agent

- ☑ **Morphine Sulfate 1 mg IV Q 20 min PRN moderate pain if not taking PO**
- ☐ **Fentanyl 25 mcg IV Q 20 minutes PRN Moderate Pain if not taking PO**

Analgesia: Severe Pain

Select One oral agent:

- ☐ Dilaudid (Hydromorphone) 4 mg PO Q 4 H PRN Severe pain if tolerating PO
- ☑ Oxycodone 10 mg PO Q 4 H PRN severe pain if tolerating PO

And Select One Parenteral Agent

- ☑ Morphine Sulfate 2 mg IV Q 20 min PRN severe pain if not taking PO
- ☐ Fentanyl 50 mcg Q 20 minutes PRN Severe Pain if not taking PO

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PRN Medications: Other

- ☐ Ativan (Lorazepam) 1 mg PO Q 6 H PRN anxiety
- ☑ Melatonin 3 mg PO Q HS PRN Sleep
- ☐ Benadryl (Diphenhydramine) 50 mg PO PRN Q HS sleep
- ☑ Albumin 5% 250 ml IV PRN SBP < 90 mmHg, give x 1 dose then repeat x 1 if SBP still < 90mmHg. Call physician if SBP < 90 mmHg after 2nd dose
- ☑ Lidocaine 2% 100 mg/5 mL IV Syringe 1 mg/kg IV X 1 PRN for frequent PVCs/Vtach and notify physician
- ☑ Calcium Chloride IV 500 mg IV push 1x PRN for SPB less than 70. Notify physician.
- ☑ Magnesium Sulfate 2 gm/50 mL IV 1x PRN if Mg level less than 1.8/frequent PVCs.
- ☑ Zofran (Ondansetron) 4 mg IV Q 6 H PRN N/V
- ☐ Mylanta 30 mL PO Q4H PRN Indigestion or heartburn

Select* One *of these

- ☐ Milk of Magnesia 30 ml PO Q Day PRN with Senna liquid 15 ml PO Q Day PRN Constipation
- ☐ Reglan (Metoclopramide) 10 mg IV Q 6 H PRN constipation
- ☐ Dulcolax (Bisacodyl) 10 mg PR Q Day PRN constipation

Diagnostic Tests

- ☑ PORTABLE CHEST 1 VIEW on arrival to unit.
- ☐ EKG 12 Lead STAT on arrival to CVSU

Laboratory

- ☐ PT/INR Panel daily
- ☑ ABG (POINT OF CARE) stat
- ☑ BASIC METABOLIC PANEL stat
- ☑ MAGNESIUM SERUM stat
- ☑ LAB MESSAGE Keep 2 units PRBCs on hold for 48 hours or while ICU status
- ☑ CBC , BMP, and Serum Magnesium in AM
- ☑ CBC PTT, PT Q 12 hours if on Intra-aortic Balloon Pump
- ☑ POTASSIUM SERUM Q 6 H X 24 H from initial level.
- ☑ POTASSIUM SERUM Q day while on Insulin Drip
- ☑ LIPID PANEL in AM .

Consults

- ☑ CONSULT CARDIAC REHAB on POD # 1 Reason: Outpatient cardiac rehab. Evidence
- ☑ PHYSICAL THERAPY EVALUATION on POD # 1
- ☐ OCCUPATIONAL THERAPY EVALUATION on POD # 1
- ☑ CONSULT PHYSICIAN Cardiology (Reconsult) when patient arrives in CVSU. Reason: Dysrhythmia management/anticoagulation management for A fib or post valve surgery and weaning antidysrhythmics
- ☐ CONSULT PHYSICIAN Hospitalist Reason: Postop DM management. Call on POD # 1
- ☑ CONSULT DIETICIAN-PHYSICIAN ORDER When patient is Level II status for diet education
- ☑ CONSULT SOCIAL SERVICE Reason: Arrange for Home Health for Cardiopulmonary Assessment, Postop Assessment, and Medication education.
- ☐ CONSULT SOCIAL SERVICE Reason: Evaluation for D/C needs

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