



Physician Orders ADULT: Cardiac Surgery Post Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: Cardiac Surgery Post Op Phase, When to Initiate: _____
- ☐ Initiate Powerplan Phase
Phase: Mechanically Ventilated Patients (Vent Bundle) Phase, When to Initiate: When patient arrives to unit

Cardiac Surgery Post Op Phase

Non Categorized

ATTENTION SURGEON: Please discontinue Cardiac Surgery Pre-Op Plan orders prior to initiation of the Cardiac Surgery Post Op Plan. (NOTE)*

Admission/Transfer/Discharge

- ☒ Transfer Pt within current facility
Level of Care: Critical Care, To CVICU

Vital Signs

- ☒ Vital Signs
Monitor and Record T,P,R,BP, include PA and CVP pressures and SaO₂, all vitals q15m x 8, q30m x 4, q1h for a total of 12 hrs then q2h if patient hemodynamically stable. Continuous EKG, BP and SaO₂ monitoring. Begin on arrival to CVICU
- ☒ Hemodynamic Parameters
BP Systolic > 90, BP Systolic < 140, Mean BP > 65, Mean BP < 100, Temp C > 36.0, Temp C < 38.5, HR > 60, HR < 120, Oxygen Sat > 92
Comments: Notify CT Surgeon if CI less than 2.2 or SvO₂ less than 60

Activity

- ☒ Bedrest
Routine, elevate HOB 30 degrees-EXCEPTION IABP elevate HOB no more than 30 degrees.
- ☒ Out Of Bed
Up To Chair, bid, within 2 hours of extubation or when hemodynamically stable
- ☒ +12 Hours Bath
QDay, PRN - Bathe daily with chlorhexidine. discontinue once invasive lines removed.

Food/Nutrition

- ☒ NPO
Start at: T;N
- ☒ Advance Diet As Tolerated
Start Post CV Surgery Day 1 Diet 4 hours after extubation and progress to AHA diet as tolerated.

Patient Care

- ☒ Heat Apply
Apply To Other (See Special Instructions), Forced Air Blanket, apply to entire body if core temperature less than 36 deg C. May remove once temperature greater than or equal to 36.5 deg Celsius.
- ☒ Chest Tube Care
Suction Strength: Low Continuous, To Suction At: -20cm, clean with chlorhexidine and sterile water daily beginning POD#2 until chest tube pulled. Notify CT surgeon if chest tube output greater than or equal to 150 mL/hr x 2 hours.
- ☒ Intake and Output
Routine, q1h(std), by indwelling catheter x 12 hrs, then advance to q2hrs. Notify CT surgeon for urine output less than 30 mL/hr x 2 hours.
- ☐ Indwelling Urinary Catheter Care
q-shift, PRN, to gravity
Comments: If patient has a foley.
- ☐ Continue Foley Per Protocol





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T;N

Comments: If patient has a foley, discontinue on morning of 2nd post op day.

- ☒ Incision Care
q24h(std), PRN, Initial operative CHEST DRSG ,LEG DRSG, & ARM DRSG to remain intact until POD#2 Then cleanse incision with chlorhexidine 2% soap & sterile water, paint with chloraprep & apply dry sterile drsg. Remove drsg when incision no longer draining.
- ☒ Incentive Spirometry NSG
Routine, q1h-Awake, And PRN
- ☒ Turn Cough Deep Breathe
Routine, q2h-Awake, And PRN
- ☒ Weight
T+1;0600, Actual weight on POD#1
- ☒ Oral Gastric Tube Insert
Low intermittent suction. Insert and irrigate with 30mL sterile water PRN. Remove when patient is extubated.
- ☒ Oral Gastric Tube Care
Suction Strength: Low Intermittent, Suction Type: Oral, Irrigate with 30mL sterile water PRN
- ☒ Pacing Wire Care
Routine, QDay, Continue pacing at rate set by MD in OR, or connect to temporary pacemaker. Turn on at rate of 60 bpm for symptomatic bradycardia and notify CT surgeon
- ☒ SCD Apply
Apply to lower extremities. Continue SCD when in bed and sitting up in chair. May remove for bathing and ambulating.

Nursing Communication

- ☒ **+1 Hours Nursing Communication**
Place order for Potassium Level 2 hours after completion of Potassium replacement. Continue replacement guidelines until potassium level is greater than or equal to 3.5 mmol/L.
- ☒ Nursing Communication
Place order for Magnesium Level 8 hours after completion of Magnesium replacement. Continue replacement guidelines until magnesium level is greater than or equal to 1.8 mg/dl
- ☒ Nursing Communication
Change in patient's mental status. Obtain ABG and notify CT surgeon of results.
- ☒ Nursing Communication
Notify CT surgeon if patient requires continually increasing doses of vasopressors/inotropes.
- ☒ Nursing Communication
EKG PRN for rhythm or ST segment changes on telemetry or for chest pain, order EKG "STAT, "Notify CT surgeon any rhythm changes, including atrial fibrillation or chest pain that is not consistent with surgical pain or is not controlled with pain medication
- ☒ Nursing Communication
If insulin drip was initiated in OR and is currently infusing, continue at current rate, place careset orders "ICU Glycemic Control Protocol Orders".
- ☒ Nursing Communication
If glucose is greater than 180 mg/dl on any one glucose result or 150 mg/dl on two consecutive results, place careset orders "ICU glycemic Control Protocol.". When glucose is < 200 mg/dl change IV fluids to D51/2NS with 40 mEq KCL at 50 ml/hr.

Respiratory Care

- ☒ ISTAT Blood Gases (RT Collect)
T;N q1h(std) PRN, Special Instructions: for respiratory distress
NOTE: If patient IS a candidate for ventilator weaning, place the "CV Surgery Ventilator Weaning Orders" - place separate order outside this powerplan(NOTE)*
NOTE: If a mechanical ventilator is needed please order the Mechanically Ventilated Patient Phase (Vent





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- Bundle Phase) in this Plan.(NOTE)*
- ☐ Ventilator Weaning Trial Postop by RT
Special Instructions: Wean and extubate once patient awake and hemodynamically stable, unless otherwise instructed by cardiothoracic surgeon

Continuous Infusion

NOTE: If potassium level greater than or equal to 5 mmol/L, do not order potassium chloride in IV fluids (NOTE)*

- ☐ Sodium Chloride 0.45%
 1,000 mL, IV, Routine, 75 mL/hr
- ☐ 1/2NS KCL 20mEq/L
 1,000 mL, IV, Routine, 50 mL/hr

Hemodynamic/Vasoactive Infusions

- ☐ DOBUTamine infusion
 500 mg 250 mL, IV, Routine, titrate
Comments: Continue rate set by anesthesia or begin at 5 mcg/kg/min. Titrate in increments of; 2.5 mcg/kg/min as often as every 10 min to maintain CI greater than 2.2. Max Rate: 20 mcg/kg/min; Conc: 2000 mcg/mL
- ☐ milrinone 20 mg/100 mL-D5% intravenous solution
 20 mg / 100 mL, IV, Routine, titrate
Comments: Continue rate set by anesthesia or begin at 0.5 mcg/kg/min. Titrate in increments of 0.125 mcg/kg/min every 5 min to maintain CI greater than 2.2. Max Rate: 0.75 mcg/kg/min.
- ☐ norepinephrine 16 mg/250 mL- NaCl 0.9% injectable solution
 16 mg / 250 mL, IV, titrate
Comments: Continue rate set by anesthesia or begin at 8 mcg/min. Titrate in increments of 2 mcg/min as often as every 2 min to maintain SBP of 90 mmHg or MAP of 65 mmHg. Max Rate: 200 mcg/min; Conc: 64 mcg/mL
- ☐ vasopressin infusion (IVS)*
 NaCl 0.9%
 40 mL, IV, Routine, 0.04 unit/min
Comments: Continue rate set by anesthesia or begin at 0.04 units/min. Maintain at this rate.
 vasopressin (additive)
 40 units
- ☐ epinephrine infusion (IVS)*
 Sodium Chloride 0.9%
 250 mL, IV, Routine, titrate
Comments: Continue rate set by anesthesia or begin rate at 2mcg/min. Titrate Parameters: 2 mcg/min as often as every 2 min to MAP of 65 mmHg or SBP of 90 mmHg; Max Rate: 100 mcg/min; Conc: 4 mcg/mL
 EPINEPHrine (additive)
 1 mg
- ☐ phenylephrine infusion (IVS)*
 Normal Saline
 250 mL, IV, Routine, titrate
Comments: Continue rate set by anesthesia or begin at 50mcg/min. Titration Parameters: 10 mcg/min as often as every 5 min to MAP of 65 mmHg or SBP of 90 mmHg; Max Rate: 360 mcg/min; Conc: 200 mcg/mL
 phenylephrine (additive)
 50 mg
- ☐ niCARdipine infusion
 40 mg 200 mL, IV, Routine, Titrate
Comments: Continue rate set by anesthesia or begin at 5 mg/hr; Titrate in 2.5 mg/hr





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increments as often as every 15 min to maintain SBP less than 140, but greater than 100 mmHg or MAP less than 95 mmHg, but greater than 65 mmHg. Max Rate: 15 mg/hr; Conc: 0.2 mg/mL

Medications

- ☐ **+1 Hours** albumin human 5% intravenous solution
25 g, IV Piggyback, N/A, PRN Hypovolemia, Routine, (for 48 hr), (infuse over 10 min)
Comments: If MAP less than 65 mmHg and Cardiac Index less than 2.2, may repeat x 1 dose to raise filling pressures to adequate levels. Notify cardiothoracic (CT) surgeon if MAP and cardiac index not corrected within 30 min. of treatment or if indices deteriorate during treatment. Automatic stop after 48 hours.

Electrolyte Replacement

Attention Surgeon: Do not order any of the electrolyte replacement orders for a patient with a serum creatinine greater than or equal to 2 mg/dL or for a patient with a history of adrenal insufficiency.(NOTE)*

Potassium less than 3.4

- ☐ **+1 Hours** potassium chloride
40 mEq, IV Piggyback, IV Piggyback, prn, PRN Hypokalemia, Routine, (infuse over 4 hr)
Comments: Give if potassium level less than 3.4 mmol/L. Comment: May give PO if tolerating fluids and if greater than 12 hours after extubation.
- ☐ Effer-K 20 oral tablet, effervescent
40 mEq, EFF Tab, PO, prn, PRN Hypokalemia, Routine
Comments: Give if potassium level less than 3.4 mmol/L. If tolerating PO fluids and greater than 12 hours after extubation.

Potassium 3.4 - 3.8

- ☐ **+1 Hours** potassium chloride
20 mEq, IV Piggyback, IV Piggyback, prn, PRN Hypokalemia, Routine, (infuse over 2 hr)
Comments: Give if potassium level 3.4 - 3.8 mmol/L. May give PO if tolerating fluids and if greater than 12 hours after extubation.
- ☐ **+1 Hours** Effer-K 20 oral tablet, effervescent
20 mEq, EFF Tab, PO, prn, PRN Hypokalemia, Routine
Comments: Give if potassium level 3.4 - 3.8 mmol/L. If tolerating PO fluids and greater than 12 hours after extubation.

Magnesium less than 1.6

- ☐ **+1 Hours** magnesium sulfate
4 g, IV Piggyback, IV Piggyback, prn, PRN Hypomagnesemia, Routine, (infuse over 4 hr)
Comments: Give if serum magnesium is less than or equal to 1.6 mg/dL.

Magnesium 1.6 - 2

- ☐ **+1 Hours** magnesium sulfate
2 g, IV Piggyback, IV Piggyback, prn, PRN Hypomagnesemia, Routine, (infuse over 2 hr)
Comments: Give if serum magnesium 1.6 - 2 mg/dL.

Calcium level less than 1

- ☐ **+1 Hours** calcium gluconate
2 g, IV Piggyback, IV Piggyback, prn, PRN Hypocalcemia, Routine, (infuse over 2 hr)
Comments: Give if ionized calcium level less than 1 mmol/L.

Antiplatelet Therapy - Must Complete

- ☐ aspirin
81 mg, DR Tablet, PO, QDay, Routine
Comments: Give 6 hours post surgery.
- ☐ **+1 Hours** aspirin
325 mg, DR Tablet, PO, QDay, Routine
Comments: Give 6 hours post surgery. Hold if chest tube drainage greater than or equal to 500 mL in one hour or greater than or equal to 100 mL q1h x 4
- ☒ VTE CABG and Valve Prophylaxis SURGICAL Plan(SUB)*





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Beta Blocker Therapy

- ☐ **+1 Hours** metoprolol tartrate
2.5 mg, Injection, IV Push, q6h, Routine
Comments: Beta Blocker should be administered within 6 hours of arrival to CVICU, HOLD if: HR less than 50 bpm, systolic BP less than 90mmHg, 1st degree AVB greater than 0.24, 2nd or 3rd degree heart block. Hold if on inotropic or vasopressor support.
- ☐ **+1 Days** metoprolol tartrate
12.5 mg, Tab, PO, bid, Routine, Start POD 1
Comments: HOLD if: HR less than 50 bpm, systolic BP less than 90mmHg, 1st degree AVB greater than 0.24, 2nd or 3rd degree heart block. Hold if on inotropic or vasopressor support. If unable to take PO, administer via OGT
- ☐ **+1 Days** metoprolol tartrate
25 mg, Tab, PO, bid, Routine, Start POD 1
Comments: HOLD if: HR less than 50 bpm, systolic BP less than 90mmHg, 1st degree AVB greater than 0.24, 2nd or 3rd degree heart block. Hold if on inotropic or vasopressor support.

Statin Therapy

- ☐ **+1 Hours** atorvastatin
80 mg, Tab, PO, hs, Routine
Comments: Reduce dose to 20 mg if age greater than 75. Start night of surgery, may give via Oral Gastric Tube if intubated or unable to tolerate PO

Antibiotic Prophylaxis

NOTE: Order Cefuroxime AND vancomycin(NOTE)*

- ☐ **+1 Hours** cefuroxime
1.5 g, IV Piggyback, IV Piggyback, q12h, Routine, (for 3 dose)
Comments: time post op dose 12 hours after last dose, not to exceed past 48 hours postop from OR stop time
- AND (NOTE)*
- ☐ **+1 Hours** vancomycin
15 mg/kg, IV Piggyback, IV Piggyback, q12h, Routine, (for 2 dose)
Comments: time post op dose 12 hours after preop dose, not to exceed 48 hours Max 2G dose
- Note: If documented beta-lactam allergy, Give ONLY vancomycin:(NOTE)*
- ☐ **+1 Hours** vancomycin
15 mg/kg, IV Piggyback, IV Piggyback, q12h, Routine, (for 2 dose)
Comments: time post op dose 12 hours after preop dose. Max 2 g dose
- ☒ **+1 Hours** mupirocin 2% topical ointment
1 application, Nasal, bid, Routine, (for 5 day)
Comments: Apply 1/2 inch both nares x 5 days

Anti Hyperglycemics

- ☐ Insulin STANDARD Sliding Scale Plan (SUB)*
- ☐ ICU Glycemic Control Protocol Plan (SUB)*
- ☒ Whole Blood Glucose Nsg
q2h(std), with Sliding Scale-If glucose result less than 150mg/dL for 24 hrs without administration of insulin, change order for bedside glucose monitoring to q4h for 24 hrs

Analgesic/Sedation

Please choose one for Moderate Pain:(NOTE)*

- ☐ **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
Comments: Administer when taking Full Liquid and/or Regular diet, Not to exceed 4,000 mg acetaminophen in 24 hours.
- ☐ **+1 Hours** oxyCODONE
5 mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine





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Comments: Administer when taking Full Liquid and/or Regular diet,

- ☐ **+1 Hours** morphine
2 mg, Injection, IV Push, q2h, PRN Pain, Moderate (4-7), Routine
Comments: if unable to take PO
Please choose one for Severe Pain:(NOTE)*
- ☐ **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
2 tab, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine
Comments: Administer when taking Full Liquid and/or Regular diet, Not to exceed 4,000 mg acetaminophen in 24 hours.
- ☐ **+1 Hours** oxyCODONE
10 mg, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine
Comments: Administer when taking Full Liquid and/or Regular diet.
- ☐ **+1 Hours** morphine
4 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10)
Comments: If unable to take PO.
- ☐ dexmedetomidine infusion (Cardiac Surgery) (IVS)*
NS
100 mL, IV, (for 24 hr), Titrate
Comments: Concentration: 4 mcg/ml. Initiate infusion at 0.1 mcg/kg/hour. Titrate by 0.1 mcg/kg/hr every 30 minutes to reach goal sedation of Riker 3-4. DO NOT BOLUS dose at any time. DO NOT TITRATE MORE FREQUENTLY THAN EVERY 30 MIN. Call MD if patient requires dose of 0.7 mcg/kg/hr, HR less than 60 BPM or MAP less than 65 mmHG. Max Rate: 0.7 mcg/kg/hr.
dexmedetomidine (additive)
400 mcg

Anti-pyretics

- ☐ **+1 Hours** acetaminophen
650 mg, Tab, PO, q4h, PRN Other, specify in Comment, Routine
Comments: Temperature greater than 38.5 degrees Celsius. Not to exceed 4,000 mg acetaminophen in 24 hours.

GI Prophylaxis

- ☐ **+1 Hours** famotidine
 - ☐ 20 mg, Inj, IV Push, q12h, Routine (DEF)*
Comments: reduce frequency to Qday if CrCl < 50mL/min Discontinue when extubated.
 - ☐ 20 mg, Tab, PO, q12h, Routine
Comments: reduce frequency to Qday if CrCl < 50mL/min Discontinue when extubated

Anti-Emetics

- ☐ **+1 Hours** ondansetron
4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine

Bowel Regimens

- ☐ **+1 Days** docusate
100 mg, Cap, PO, bid, Routine
Comments: Begin POD #1.
- ☐ **+3 Days** bisacodyl
10 mg, Supp, PR, prn, PRN Constipation, Routine
Comments: Begin POD #3

Laboratory

- LABORATORY IMMEDIATE POST OP(NOTE)*
- ☒ CBC w/o Diff
STAT, T;N, Type: Blood, Nurse Collect
- ☒ Basic Metabolic Panel





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- STAT, T;N, Type: Blood, Nurse Collect*
- ☒ Magnesium Level
STAT, T;N, Type: Blood, Nurse Collect
- ☒ Calcium Ionized
STAT, T;N, Type: Blood, Nurse Collect
- ☐ Lactic Acid Level
STAT, T;N, Type: Blood, Nurse Collect
- ☒ PT/INR
STAT, T;N, Type: Blood, Nurse Collect
- ☒ APTT
STAT, T;N, Type: Blood, Nurse Collect
- ☐ Fibrinogen Level
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ SV O2 Measured
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ SV O2 Measured
Routine, T+1;0400, q24h, Type: Blood, Nurse Collect
Comments: If oximetric catheter remains in, discontinue once oximetric catheter removed.
- LABORATORY 4 HOURS AFTER ADMISSION TO CVICU(NOTE)*
- ☒ CBC w/o Diff
STAT, T;N+240, once, Type: Blood, Nurse Collect
- ☒ Basic Metabolic Panel
STAT, T;N+240, once, Type: Blood, Nurse Collect
- ☒ Magnesium Level
STAT, T;N+240, once, Type: Blood, Nurse Collect
- LABORATORY POD# 1 and #2(NOTE)*
- ☒ CBC w/o Diff
Routine, T+1;0400, once, Type: Blood, Nurse Collect
- ☒ CBC w/o Diff
Routine, T+2;0400, once, Type: Blood, Nurse Collect
- ☒ Basic Metabolic Panel
Routine, T+1;0400, once, Type: Blood, Nurse Collect
- ☒ Basic Metabolic Panel
Routine, T+2;0400, once, Type: Blood, Nurse Collect
- ☒ Magnesium Level
Routine, T+1;0400, once, Type: Blood, Nurse Collect
- ☒ Magnesium Level
Routine, T+2;0400, once, Type: Blood, Nurse Collect

Diagnostic Tests

- DIAGNOSTIC TESTS IMMEDIATE POSTOP(NOTE)*
- ☒ Chest 1 View
T;N, Reason For Exam CABG (Coronary Artery Bypass Grafting), Stat, Portable
- ☒ Electrocardiogram
Start at: T;N, Priority: Stat, Reason: Other, specify, Post Op
- DIAGNOSTIC TESTS POD#1(NOTE)*
- ☒ Chest 1 VW
T+1;0400, Reason For Exam CABG (Coronary Artery Bypass Grafting), Routine, Portable
- ☒ Electrocardiogram
Start at: T+1;0400, Priority: Routine, Reason: Other, specify, Post Op

Consults/Notifications/Referrals





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- ☐ Consult MD Group
Group: Mid-South Pulmonary Specialists, Reason for Consult: Post-Op Critical Management
- ☐ Consult MD Group
Reason for Consult: Post-Op Critical Management, Consult Pulmonology/Critical Care
- R Cardiac Rehab Consult/Doctor Order
Reason: Cardiac Rehab Phase I for ambulation
Comments: post op open heart surgery

Mechanically Ventilated Patients Phase

Non Categorized

- R Mechanically Ventilated Pt (Vent Bundle) Care Track
T;N

Patient Care

- ☒ Elevate Head Of Bed
30 degrees or greater if systolic blood pressure is greater than 95 mmHg
- ☒ Reposition ETT (Nsg)
QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.
- ☒ ETT Subglottic Suction
 - ☐ Low Continuous, 20mmHg, Applies to ETT with the Hi-Lo suction capability. (DEF)*
 - ☐ Low Intermittent, 40mmHg, Applies to ETT with the Hi-Lo suction capability.
 - ☐ Low Intermittent, 60mmHg, Applies to ETT with the Hi-Lo suction capability.
 - ☐ Low Intermittent, 80mmHg, Applies to ETT with the Hi-Lo suction capability.
 - ☐ Low Intermittent, 100mmHg, Applies to ETT with the Hi-Lo suction capability.
 - ☐ Low Intermittent, 120mmHg, Applies to ETT with the Hi-Lo suction capability.
- ☒ Mouth Care
Routine, q2h(std)
- ☒ Nursing Communication
Call MD if higher than any of the following maximum doses of medications is required. LORazepam 6 mg in 3 hours, Fentanyl 500 mcg/hr, propofol 100 mcg/kg/min, midazolam 7mg/hr
- ☒ Nursing Communication
If SAS goal not met in 6 hours, call MD for further orders
- ☒ Nursing Communication
If receiving haloperidol, patient must be on cardiac monitor - call MD for QTc prolongation greater than or equal to 500 msec and HOLD haloperidol
- ☒ Nursing Communication
Once SAS goal is met initially reassess and document SAS score q2hrs
- ☒ Nursing Communication
If the patient is on sedation medication other than propofol, begin turning off the sedation medications at 8am for the sedation vacation process
- ☒ Nursing Communication
Notify Respiratory for Weaning Assessment at 8am if a Vacation Sedation is initiated,

Respiratory Care

- ☒ Mechanical Ventilation
- ☒ Reposition ETT (Nsg)
QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.

Medications

- ☐ +1 Hours docusate
100 mg, Liq, NG, bid, Routine
Comments: HOLD for diarrhea
- ☐ +1 Hours famotidine





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20 mg, Tab, NG, bid, Routine

Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min

- ☐ **+1 Hours** famotidine
20 mg, Injection, IV Push, bid, Routine
Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min
- ☐ **+1 Hours** pantoprazole
40 mg, Granule, NG, QDay, Routine
- ☐ **+1 Hours** pantoprazole
40 mg, Injection, IV Push, QDay, Routine
- ☒ **+1 Hours** Chlorhexidine For Mouthcare 0.12% Liq
15 mL, Liq, Mucous Membrane, bid, Routine
Comments: For mouthcare at 0800 and 2000.
- ☐ VTE MEDICAL Prophylaxis Plan(SUB)*
- ☐ VTE SURGICAL Prophylaxis Plan(SUB)*
- ☐ Sequential Compression Device Apply
T;N, Apply to Lower Extremities

Sedation

Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)*
Choose Sedation Goal per Riker Sedation Agitation Scale (SAS) Goal of 3-4 recommended (NOTE)*

- ☒ Sedation Goal per Riker Scale
 - ☐ Goal: 3 (Sedated) (DEF)*
 - ☐ Goal: 4 (Calm/Cooperative)
- ☐ Propofol Orders Plan(SUB)*
- ☐ **+1 Hours** LORazepam
1 mg, Injection, IV Push, q30min, Other, specify in Comment, Routine
Comments: To maintain SAS goal (Maximum of 6 mg in a 3 hr period). If patient is over-sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.
- ☐ **+1 Hours** midazolam
1 mg, Injection, IV Push, q1h, PRN Other, specify in Comment, Routine
Comments: To maintain SAS goal. If patient is over-sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.
- ☐ **+1 Hours** midazolam 1mg/mL/NS 50 mL PreMix
50 mg / 50 mL, IV, Routine, titrate
Comments: Initiate at 1 mg/hr. Titrate by 0.5mg/hr every 15 minutes until SAS goal achieved. Maximum dose 7 mg/hr
- ☐ **+1 Hours** dexmedetomidine infusion (ICU Sedation) (IVS)*
Sodium Chloride 0.9%
100 mL, IV, (for 72 hr), Titrate
Comments: Concentration: 4 mcg/mL Initiate infusion at 0.2 mcg/kg/hr. Titrate by 0.1 mcg/kg/hr every 30 minutes to reach goal sedation of Riker 3-4. DO NOT BOLUS dose at any time. DO NOT TITRATE MORE FREQUENTLY THAN EVERY 30 MIN.
dexmedetomidine (additive)
400 mcg

Pain Management

Choose one of the orders below, morPHINE is not recommended if creatinine clearance is less than 50 mL/min, in liver failure or SBP less than 90mmhg or MAP less than 65 mmhg.(NOTE)*

- ☐ **+1 Hours** morphine
2 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** HYDROMorphone
0.5 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine





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- ☐ **+1 Hours** morphine
4 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10), Routine
- ☐ **+1 Hours** HYDROMorphone
1 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10)
- ☐ **+1 Hours** fentaNYL 10 mcg/mL in NS infusion
2,500 mcg / 250 mL, IV, Routine, Titrate
Comments: Concentration 10 mcg/mL
Initial Rate: 50 mcg/hr; Titration Parameters: 50 mcg/hr every 10 min to SAS goal per MD orders. Max Rate: 500 mcg/hr

Refractory Agitation

Place order below for agitation that persists despite adequate sedation & analgesia. Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)*

- ☐ **+1 Hours** haloperidol
2 mg, Injection, IV Push, q1h, PRN Agitation, Routine
Comments: Cardiac monitor required. *If Qtc greater than 500 msec, hold haldoperidol. *If SAS not met in 6 hrs, call MD. Call MD is patient requires more than 20 mg/day.

Sedation Vacation Daily

- ☒ Sedation Vacation
qam, see Order Comment:
Comments: For patients receiving continuous infusions, lighten/discontinue sedation and pain medications at 0800 daily (or more often as indicated by MD/required by nsg unit) until the patient is awake, can follow commands, or until they become uncomfortable or agitated. Resume sedation infusion at 1/2 the previous rate and re-titrate to SAS goal. If SAS goal still achieved without active therapy, do not restart sedation. If patient becomes agitated, resume sedation infusion at 1/2 the previous rate & re-titrate to SAS goal (document on the nursing flow sheet)
- ☒ Ventilator Weaning Trial Medical by RT

Consults/Notifications/Referrals

- ☒ Notify Physician-Continuing
Notify: MD, Notify For: QTc prolongation on cardiac monitor greater than or equal to 500msecs and HOLD haloperidol

Date

Time

Physician's Signature

MD Number

*Report Legend:

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

