



Physician Orders ADULT: Cardiac Surgery Pre Op Plan EKM

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase

Phase: Cardiac Surgery Pre Op Phase, When to Initiate: _____

Cardiac Surgery Pre Op Phase

Non Categorized

- ☒ Pre Op Diagnosis/Reason

Admission/Transfer/Discharge

- ☒ Patient Status Initial Inpatient

Admitting Physician: _____

Reason for Visit: _____

Bed Type: _____ Specific Unit: _____

Care Team: _____ Anticipated LOS: 2 midnights or more

Patient Care

R Weight

Routine, actual weight standing scale

R Height

Routine, actual height standing scale

- ☐ Consent Signed For

*Procedure: Coronary Artery Bypass Graft (DEF)**

T;N

Procedure: _____

R Instruct/Educate

Instruct: Patient and family, Topic: Open Heart preoperative and postoperative activity and smoking cessation., Provide patient with Krames (handout)

R PreOp Bath/Shower

Product To Use: Other-See Special Instructions, Chlorhexidine the night before and morning of surgery

R Prep for Surgery/Delivery

Notify surgery to clip and prep, chin to ankles on day of surgery immediately prior to OR.

- ☒ Indwelling Urinary Catheter Insert-Follow Removal Protocol

Routine, to be placed while in pre-procedural area

- ☒ Intermittent Needle Therapy Insert/Site Care

Routine, q4day, Action: Insert

R Incentive Spirometry NSG

Instruct: patient and family on Incentive Spirometry, coughing and deep breathing exercises.

Nursing Communication

- ☒ Nursing Communication

Hold all ACE-I/ARB 48 hours before surgery and diuretics 1 day prior to surgery

- ☒ Nursing Communication

If metformin currently ordered, discontinue morning of surgery.

Respiratory Care

R O2 Sat-Spot Check (RT)





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once, Special Instructions: obtain baseline saturation level

R Bedside Spirometry (Pulm Funct Test)

Stat, Special Instructions: Perform pulmonary function testing prior to surgery STAT, if not done in pre-admission workup.

☐ RT Communication-Continuing

Special Instructions: If abnormal PFTs notify Cardiothoracic (CT) surgeon.

Continuous Infusion

☐ Sodium Chloride 0.45%
1,000 mL, IV, 50 mL/hr

☐ Sodium Chloride 0.9%
1,000 mL, IV, 50 mL/hr

Medications

Antibiotic Prophylaxis

Order cefuroxime AND vancomycin: If documented allergy to beta-lactam order vancomycin ONLY.(NOTE)*

☐ cefuroxime
1.5 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose)
Comments: Start no earlier than 1 hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding.

☐ **+1 Hours** vancomycin
15 mg/kg, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose)
Comments: start no earlier than 2 hours prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding. Max Dose= 2Gm

☐ **+1 Hours** mupirocin 2% topical ointment
1 application, Nasal, bid, Routine, (for 5 day)
Comments: begin day before scheduled OR.

Beta Blockers

☐ metoprolol tartrate
12.5 mg, Tab, PO, bid, Routine
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. Patient to get beta blocker AM of surgery with sip of water unless contraindicated.

☐ metoprolol tartrate
25 mg, Tab, PO, bid, Routine
Comments: HOLD if: HR less than 50 bpm, systolic BP less than 90 mmHg, 1st degree AVB greater than 0.24, 2nd or 3rd degree heart block. Hold if on inotropic or vasopressor support. Patient to get beta blocker AM of surgery with sip of water unless contraindicated.

Statin Therapy

☐ **+1 Hours** atorvastatin
80 mg, Tab, PO, hs, Routine
Comments: Pharmacy: Reduce dose to 20 mg if patient greater than 75 years of age.

Anticoagulants/Antiplatelets

☐ aspirin
81 mg, DR Tablet, PO, QDay, Routine





Physician Orders ADULT: Cardiac Surgery Pre Op Plan EKM

- ☐ **+1 Hours** aspirin
325 mg, Tab, PO, QDay, Routine

Anti-Anginal

- ☐ **+1 Hours** nitroglycerin
0.4 mg, Tab, SL, q5min, PRN Chest Pain, (for 3 dose)
Comments: Notify cardiologist and cardiothoracic surgeon after the first dose is given.

Laboratory

- ☒ CMP
STAT, T;N, once, Type: Blood
- ☒ Hemoglobin A1C
STAT, T;N, once, Type: Blood
- ☒ Prealbumin
STAT, T;N, once, Type: Blood
- ☒ CBC
STAT, T;N, once, Type: Blood
- ☒ PT/INR
STAT, T;N, once, Type: Blood
- ☒ Urinalysis w/Reflex Microscopic Exam
Routine, T;N, once, Type: Urine, Nurse Collect
- ☐ Consent Signed For
T;N, Procedure: Transfusion of Blood / Blood Products
- ☐ Type and Screen
Routine, T;N, Type: Blood
- ☐ Type and Crossmatch PRBC
☐ STAT, T;N, 2 units, Type: Blood (DEF)*
☐ STAT, T;N, 4 units, Type: Blood
- ☐ Hold PRBC
☐ STAT, T;N, Units to Hold: 2, OR will call when blood is needed, On Hold for OR (DEF)*
☐ STAT, T;N, Reason: On Hold for OR, Units to Hold: 4, OR will call when blood is needed
☐ STAT, T;N, Reason: On Hold for OR

Diagnostic Tests

- ☐ Electrocardiogram
Start at: T;N, Priority: Routine, Reason: Other, specify, Pre Op, once
- ☐ Chest 2 Views
T;N, Routine, Stretcher
Note: Order below only if Ultrasound has not been completed and resulted within the last 3 months and results are not on chart(NOTE)*
- ☐ US Carotid Dup Scan Extracranial Art Bil
T;N, Routine, Stretcher
- ☐ US Ext Lower Ven Doppler W Compress Bil
T;N, Routine, Stretcher





Physician Orders ADULT: Cardiac Surgery Pre Op Plan EKM

Comments: Please mark patient legs

- ☐ US Ext Upper Dup Art/Art Bypass Graft Bil
*T;N, Reason for Exam: Other, Enter in Comments, Routine, Stretcher
Comments: Reason for exam: Radial artery graft.*
- ☐ US Ext Upper Dup Art/Art Bypass Graft LT
*T;N, Reason for Exam: Other, Enter in Comments, Routine
Comments: Reason for exam: Radial artery graft.*
- ☐ US Ext Upper Dup Art/Art Bypass Graft RT
*T;N, Reason for Exam: Other, Enter in Comments, Routine
Comments: Reason for exam: Radial artery graft.*

Consults/Notifications/Referrals

- ☒ Consult Clinical Pharmacist
Reason: Discontinue ACE-I/ARB 48 hours before surgery.
- ☐ Physician Consult
Reason for Consult: patient known to you, Cardiologist
- ☒ Case Management Consult
Reason: Discharge Planning
- R Notify Physician-Once
Notify: Cardiothoracic (CT) Surgeon, Notify For: if H&P not available
- ☐ Physician Group Consult
Group: Medical Anesthesia Group, Reason for Consult: Regional Block
- ☐ Physician Group Consult
Reason for Consult: Nephrology for Renal Optimization pending Cardiac Surgery
- ☐ Physician Group Consult
Reason for Consult: Endocrinology Optimization pending Cardiac Surgery
- ☒ Notify Physician-Once
Notify: Cardiologist, Notify For: if Nitroglycerin SL for chest pain given to patient
- ☒ Notify Physician-Once
Notify: Cardiothoracic(CT) Surgeon, Notify For: if Nitroglycerin SL for chest pain given to patient
- ☒ Notify Physician-Once
Notify: Cardiothoracic (CT) Surgeon, Notify For: If taking ANY antiplatelets except Aspirin

Date	Time	Physician's Signature	MD Number
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***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



Attach patient label here



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Rx - This component is a prescription

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

R-Required order

