



Physician Orders ADULT: CV Surgery Admission Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase

Phase: CV Surgery Admission Phase, When to Initiate: _____

CV Surgery Admission Phase

Admission/Transfer/Discharge

- ☐ Patient Status Initial Inpatient

T;N Admitting Physician: _____

Reason for Visit: _____

Bed Type: _____ Specific Unit: _____

Care Team: _____ Anticipated LOS: 2 midnights or more

- ☐ Patient Status Initial Outpatient

☐ T;N Attending Physician: _____

Reason for Visit: _____

Bed Type: _____ Specific Unit: _____

Outpatient Status/Service: OP OBSERVATION Services

☐ T;N Attending Physician: _____

Reason for Visit: _____

Bed Type: _____ Specific Unit: _____

Outpatient Status/Service: Ambulatory Surgery

Vital Signs

- ☐ Vital Signs

Monitor and Record T,P,R,BP, q4h(std)

- ☐ Vital Signs

Monitor and Record T,P,R,BP, q8h(std)

- ☐ Vital Signs Per Unit Protocol

Monitor and Record T,P,R,BP, if patient admitted to ICU

Activity

- ☐ Out Of Bed

Up Ad Lib

- ☐ Bedrest

- ☐ Bedrest w/BRP

Food/Nutrition

- ☐ Regular Adult Diet

- ☐ American Heart Association Diet

- ☐ American Heart Association Diet

Patient may have salt on WISE Diet.



* 1 1 1 *



Physician Orders ADULT: CV Surgery Admission Plan

- ☐ Consistent Carbohydrate Diet

Patient Care

- ☒ INT Insert/Site Care
q4day

Medications

- ☐ **+1 Hours** acetaminophen
650 mg, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** oxyCODONE
5 mg, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine
- ☐ **+1 Hours** ondansetron
4 mg, Injection, IV Push, q6h, PRN Nausea, Routine
- ☐ **+1 Hours** zolpidem
5 mg, Tab, PO, hs, PRN Insomnia
Comments: may repeat dose once after 1 hour if insomnia unrelieved
- ☐ Laxative of Choice Orders Plan(SUB)*

Laboratory

Order the following lab procedures, if not done preop:(NOTE)*

- ☐ CBC
Routine, T;N, once, Type: Blood
- ☐ CMP
Routine, T;N, once, Type: Blood
- ☐ Urinalysis w/Reflex Microscopic Exam
Routine, T;N, once, Type: Urine, Nurse Collect

Diagnostic Tests

- ☒ Electrocardiogram
Start at: T;N, Priority: Routine, Frequency: once
- ☒ Chest 2 Views
T;N, Routine, Stretcher
- ☒ US Carotid Dup Scan Extracranial Art Bil
T;N, Routine, Stretcher

Consults/Notifications/Referrals

- ☒ Notify Physician-Once
Notify: physician, Notify For: of room number on arrival to unit.





Physician Orders ADULT: CV Surgery Admission Plan

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

