



Physician Orders ADULT: CV SURG Transcatheter Aortic Valve Replacement (TAVR) Pre Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: CV SURG TAVR Pre Op Phase: When to Initiate: _____

CV SURG TAVR Pre Op Phase

Non Categorized

- ☒ Pre Op Diagnosis/Reason
Planned Procedure: _____, Diagnosis/Reason: _____

Admission/Transfer/Discharge

- ☒ Patient Status Initial Inpatient
T;N Admitting Physician: _____
Reason for Visit: _____
Bed Type: Telemetry Specific Unit: _____
Care Team: _____ Anticipated LOS: 2 midnights or more
- ☐ Notify Physician-Once
Notify For: room number on arrival to unit

Food/Nutrition

- ☐ American Heart Association Diet
Adult (>18 years), Sodium Restriction: 2 gm
- ☐ NPO
Start at: T;2359, Instructions: NPO except for medications

Patient Care

- ☒ Weight
Routine, actual weight standing scale
- ☒ Height
Routine, actual height standing scale
- ☒ Consent Signed For
Procedure: Transcatheter Aortic Valve Replacement
- ☐ Consent Signed For
Procedure: TEE
- ☐ Instruct/Educate
Instruct: Patient and family, Topic: preoperative and postoperative activity and smoking cessation,
Provide patient with education binder
- ☒ PreOp Bath/Shower
Product To Use: Chlorhexidine(>12 months age), the night before and morning of surgery
- ☒ Prep for Surgery/Delivery
On floor, Clip and prep, chin to knee on day of surgery
- ☒ Indwelling Urinary Catheter Insert-Follow Removal Protocol
Routine, to be placed while in procedural area





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- ☐ Intermittent Needle Therapy Insert/Site Care
Routine, q4day, Action: Insert
- ☒ Incentive Spirometry NSG
Instruct: patient and family on Incentive Spirometry, coughing and deep breathing exercises.

Nursing Communication

- ☒ Nursing Communication
Hold all ACE-I/ARB for 48 hours before surgery and diuretics 1 day prior to surgery
- ☒ Nursing Communication
Pt to get beta blocker on AM of surgery with sip of water unless contraindicated.
- ☐ Nursing Communication
If FVC or FFEV1 less than or equal to 65% predicted or PaCO2 greater than or equal to 45mmHg, place an order for consult Pulmonologist:
- ☐ Nursing Communication
If HgbA1C greater than or equal to 6.5%, consult Internist
- ☐ Nursing Communication
If creatinine level greater than or equal to 1.5mg/dL, consult Nephrology

Respiratory Care

- ☒ O2 Sat-Spot Check (RT)
once, Special Instructions: obtain baseline saturation level
- ☐ Bedside Spirometry (Pulm Funct Test)
Stat, Special Instructions: Perform pulmonary function testing prior to surgery

Continuous Infusion

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

Medications

Choose one cephalosporin AND vancomycin. If beta lactam allergic, choose vancomycin only.(NOTE)*
Give ceFAZolin 3G if patient weighs greater than 120kg.(NOTE)*

Antibiotic Prophylaxis

- ☒ **+1 Hours** ceFAZolin
2 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose)
Comments: Obtain from pharmacy, DO NOT HANG/DO NOT SPIKE, send with patient to OR, to be given by OR circulator- infuse no earlier than 1 hour prior to incision time. 2G dose for weight less than 120 kg.
- ☐ OR(NOTE)*
+1 Hours cefuroxime
1.5 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose)
Comments: Obtain from pharmacy, DO NOT HANG/DO NOT SPIKE, send with patient to OR, to be given by OR circulator- infuse no earlier than 1 hour prior to incision time.
- ☐ AND(NOTE)*
+1 Hours vancomycin
15 mg/kg, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose)





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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. OR Date:_____ Please send ointment with patient to cath lab for post op use.

Beta Blockers

To Adhere to regulatory guidelines, if Beta Blocker therapy is contraindicated and will not be ordered prior to anesthesia induction (Perioperative Period) document the Reason for not administering Beta-Blocker Perioperative(NOTE)*

- ☐ Nursing Communication
Hold Beta Blocker if HR less than 50 bpm, SBP less than 90 mmHg, 1st degree AVB greater than 0.24 seconds, second or third heart block. Hold if on inotropic or vasopressor support
- ☐ metoprolol tartrate
12.5 mg, Tab, PO, bid, Routine
Comments: HOLD if: HR less than 50 bpm, systolic BP less than or equal to 100mmHg, 1st degree AVB greater than 0.24, 2nd or 3rd degree heart block. Hold if on inotropic or vasopressor support.
- ☐ metoprolol tartrate
25 mg, Tab, PO, bid, Routine
Comments: HOLD if: HR less than 50 bpm, systolic BP less than 100 mmHg, 1st degree AVB greater than 0.24, 2nd or 3rd degree heart block. Hold if on inotropic or vasopressor support.
- ☒ Nursing Communication
Patient to get beta blocker on AM of surgery with sip of water unless contraindicated

Statin Therapy

- ☐ **+1 Hours** atorvastatin
☐ *20 mg, Tab, PO, hs, Routine (DEF)**
☐ *40 mg, Tab, PO, hs, Routine*

Anticoagulants/Antiplatelets

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

- ☒ Comprehensive Metabolic Panel
STAT, T;N, once, Type: Blood, Collection Comment: Perform morning of surgery
- ☒ Magnesium Level





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- ☒ STAT, T;N, once, Type: Blood
- ☒ CBC
 - STAT, T;N, once, Type: Blood
- ☒ BNP Pro
 - STAT, T;N, once, Type: Blood
- ☒ PT/INR
 - STAT, T;N, once, Type: Blood
- ☒ Hemoglobin
 - Routine, T+1;0400, once, Type: Blood
- ☒ Nursing Communication
 - If "pre cardiac surgery" HgB A1C is greater than or equal to 6.5% consult to diabetic teaching and dietitian
- ☒ Hemoglobin A1C
 - STAT, T;N, once, Type: Blood
- ☒ Nursing Communication
 - If "pre cardiac surgery" pre albumin result is less than or equal to 20mg/dl, consult to clinical dietitian for nutrition recommendation and management
- ☒ Prealbumin
 - STAT, T;N, once, Type: Blood
- ☒ Consent Signed For
 - T;N, Procedure: Transfusion of Blood / Blood Products
 - Only order Type & Screen if surgery will begin greater than 48 hours from now. If surgery will begin in less than 48 hours from now, order Type and Crossmatch PRBC below.(NOTE)*
- ☒ Type and Crossmatch PRBC
 - STAT, T;N, 4 units, Type: Blood
- ☒ Hold PRBC
 - ☐ STAT, T;N, Reason: On Hold for OR, Units to Hold: 2, OR will call when blood is needed (DEF)*
 - ☐ STAT, T;N, Reason: On Hold for OR, Units to Hold: 4, OR will call when blood is needed
- ☒ Hold Platelets
 - STAT, T;N, Reason: On Hold for OR, Dose(s): 2
- ☐ Urinalysis w/Reflex Microscopic Exam
 - Routine, T;N, once, Type: Urine, Nurse Collect
- ☐ Pregnancy Screen Serum
 - Routine, T;N, once, Type: Blood

Diagnostic Tests

- ☐ Electrocardiogram
 - Start at: T;N, Priority: Routine, Pre Op
- ☐ Chest 2 Views
 - T;N, Routine, Stretcher





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- ☐ TTE Adult
Start at: T;N, Priority: Routine, Other reason: intraoperatively for Transcatheter Aortic Valve Replacement (TAVR)

Consults/Notifications/Referrals

- ☐ Physician Consult
Reason for Consult: Medical Management
- ☐ Physician Consult
- ☐ Physician Group Consult
Group: Medical Anesthesia Group, Reason for Consult: Regional Block
- ☐ Physician Group Consult
Reason for Consult: If FVC or FFEV1 less than or equal to 65% predicted or PaCO2 greater than or equal to 45mmHg.
- ☐ Physician Group Consult
Reason for Consult: If HgbA1C greater than or equal to 6.5%.
- ☐ Physician Group Consult
Reason for Consult: If creatinine level greater than or equal to 1.5mg/dL
- ☐ Dietitian Consult/Nutrition Therapy
Type of Consult: Nutrition Management Type of Consult: Education / ADA, Special Instructions: dietitian to order ADA diet for patient,
- ☒ Cardiac Rehab Consult/Doctor Order
Reason: Cardiac Rehab Phase I for ambulation
- ☒ Case Management Consult
Reason: Discharge Planning
- ☒ 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 anticoagulants 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
 Rx - This component is a prescription



Attach patient label here



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

R-Required order

