

# PHYSICIAN ORDERS

attach patient label

**Care Set: Pediatric Cardiovascular Surgery Transfer Orders**

Page 1 of 2

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm BSA \_\_\_\_\_

## Admission

Admit to (pick only one): ☐ Cardiovascular Surgery Service, Dr. \_\_\_\_\_, Pager 1-800-206-5488

☐ Cardiology Service, Dr. \_\_\_\_\_, Pager \_\_\_\_\_

Resident/Fellow: \_\_\_\_\_, Pager \_\_\_\_\_ Team \_\_\_\_\_

Transfer to: 7 West SCU NICU Other \_\_\_\_\_ Condition: \_\_\_\_\_

☐ Notify physician of room number on arrival to unit

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Surgical Procedure: \_\_\_\_\_

Allergies: ☐ No known allergies ☐ Latex allergy ☐ Other: \_\_\_\_\_

☐ Medication allergy(s): \_\_\_\_\_

## Vital Signs

Vital Signs with Blood Pressure Q4 hours

Keep oxygen Sats greater than \_\_\_\_\_%; less than \_\_\_\_\_%(May wean oxygen to \_\_\_\_\_% to meet parameters)

Notify physician: Systolic Blood Pressure greater than \_\_\_\_\_ or less than \_\_\_\_\_

Heart Rate greater than \_\_\_\_\_ or less than \_\_\_\_\_

Temperature greater than 38.5 C (please obtain core temp if axillary temp >37.5 C)

Chest Tube Drainage greater than \_\_\_\_\_ml/hr

Oxygen sats greater than \_\_\_\_\_% or less than \_\_\_\_\_%

Other: \_\_\_\_\_

## Activity

☐ Out of bed as tolerated

☐ HOB elevated at all times

☐

☐

## Food/Nutrition

☐ Regular (Age Appropriate)

☐ Notify physician/Nurse Practitioner when taking adequate PO

☐

☐

## Patient Care (nursing and respiratory)

☐ Continuous ECG Monitor and Pulse Oximetry

☐ Telemetry Bed

☐ May be off monitor to walk in hall or for XRAY and ECHOs done off unit

☐ Chest tube(s): ☐ -20 cm suction ☐ Water Seal

☐ Chest Tube dressing changed every day and PRN loose or soiled dressing

Mediastinal: Cleanse area with chloraprep (> 2 months age) or betadine (< 2 months age); dress with sterile gauze and paper tape

Pleural: Cleanse area as above; dress with xeroform gauze and occlusive dressing

Secure tubing to patient with paper or silk tape to avoid tension with movement

Secure connections of chest tube and drainage collection tubing with silk tape or tybands

☐ Ensure pigtail catheters are free from twists and kinks every 2 hours.

☐ Assess for change in water seal (presence of air leak) every 2 hours. Notify physician of presence of air leak.

☐ Incentive Spirometer every hour while awake when age appropriate

☐ Daily Weight

☐ Oxygen BNC \_\_\_\_\_LPM Face Mask \_\_\_\_\_% High Flow O2 \_\_\_\_\_LPM/ \_\_\_\_\_%

☐ Vent Settings (NICU/TCU transfers only): \_\_\_\_\_

☐ Pacer wires capped and secured to chest under dry gauze

☐

☐

☐

# PHYSICIAN ORDERS

attach patient label

Care Set: Pediatric Cardiovascular Surgery Transfer Orders

Page 2 of 2

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm BSA \_\_\_\_\_

## Continuous Infusion

- ☐ D5 1/4 NS with 20 meq KCL/L at \_\_\_\_\_ ml/hr
- ☐ D5 1/2 NS with 20 meq KCL/L at \_\_\_\_\_ ml/hr
- ☐ Continue Parenteral Nutrition \_\_\_\_\_ ml/hr and Lipids \_\_\_\_\_ ml/hr
- ☐ Normal Saline lock IV PRN per policy (NO Heparin Flushes)
- ☐
- ☐
- ☐

## Medications

- See Transfer Medication Reconciliation
- ☐ Ibuprofen (10 mg/kg, maximum 600 mg) \_\_\_\_\_ mg PO Q6 hours PRN for pain
- ☐ Ketorolac (0.5 mg/kg, maximum 30 mg) \_\_\_\_\_ mg IV Q6 hours scheduled, times \_\_\_\_\_ doses (not to exceed 4 doses)
- If no urine output for greater than 8 hours, hold Ketorolac and notify physician
- Do not give Ibuprofen while patient is receiving Ketorolac
- ☐
- ☐

## Diagnostic Tests

- ☐ CBC \_\_\_\_\_
- ☐ BMP \_\_\_\_\_
- ☐ PTT/PT/INR \_\_\_\_\_ (Notify physician of results ASAP)
- ☐ May draw from CVL
- ☐ Chest XRAY in AM Portable A/P Lateral Reason: \_\_\_\_\_
- ☐ Pre-discharge ECHO on \_\_\_\_\_ (date)
- ☐ Please do ECHO at bedside
- ☐
- ☐
- ☐

## Consults

- ☐ Nutrition Consult
- ☐ Medical Social Work Consult for discharge planning or reason: \_\_\_\_\_
- ☐ General Pediatrics Consult, Reason: \_\_\_\_\_
- ☐