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
- 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
Physician Orders ADULT: Cardiac Surgery Post Op Plan

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
Physician Orders ADULT: Cardiac Surgery Post Op Plan

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: 0.75 mcg/kg/min.

- 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 mcg/hr; Titrate in 2.5 mcg/hr
Physician Orders ADULT: Cardiac Surgery Post Op Plan

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)*
Physician Orders ADULT: Cardiac Surgery Post Op Plan

**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** 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
Physician Orders ADULT: Cardiac Surgery Post Op Plan

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)*
  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
# Physician Orders ADULT: Cardiac Surgery Post Op Plan

- **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

**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

**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**
Physician Orders ADULT: Cardiac Surgery Post Op Plan

- 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

- Cardiac Rehab Consult/Doctor Order
  Reason: Cardiac Rehab Phase I for ambulation
  Comments: post op open heart surgery

Mechanically Ventilated Patients Phase

Non Categorized

- 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 msecs 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
Physician Orders ADULT: Cardiac Surgery Post Op Plan

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. Titratre 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. Titratre 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 HYDROMorphine
   0.5 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
Physician Orders ADULT: Cardiac Surgery Post Op Plan

☐ +1 Hours morphine  
4 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10), Routine

☐ +1 Hours HYDROmorphine  
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 haloperidol. *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-titrage 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-titrage 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