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.
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☐ 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.
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<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
</tr>
</thead>
</table>

*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