



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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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

