



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

