



attach patient label here

Physician Orders ADULT

Order Set: Cardiac Surgery Transfer Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Admission Height (Actual) : _____ cm Admission Weight (Actual): _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s):		_____
<input type="checkbox"/> Latex allergy		<input type="checkbox"/> Other: _____
Non-Categorized		
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: Cardiac Surgery Transfer Phase
ATTENTION SURGEON: Please discontinue Cardiac Surgery Post Op orders prior to initiation of the Cardiac Surgery Transfer Plan.		
Admission/Transfer/Discharge		
<input type="checkbox"/>	Transfer Patient	T;N, Bed Type: Telemetry, To Cardiac Stepdown
Primary Diagnosis:		_____
Secondary Diagnosis:		_____
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N Monitor and Record T,P, R, BP, Vital signs q4h until 24 hours post transfer may progress to q8h vital signs if stable
Activity		
<input type="checkbox"/>	Out Of Bed	T;N, How: Up To Chair, tid, Comment: with meals and as tolerated, begin day of transfer out of CVICU.
<input type="checkbox"/>	Ambulate	T;N, Special Instructions: ambulate in hallway with assistance, Comment: begin day of transfer out of CVICU.
<input type="checkbox"/>	Activity As Tolerated	T;N, Comment: increase activity as tolerated
<input type="checkbox"/>	Shower	T;N, qam, Special Instructions: with assistance, Comment: Begin post op day #3. If pacing wires are still in, cover with tegaderm during shower.
<input type="checkbox"/>	Bath	T;N. Qday, PRN, Comment: Bathe daily with chlorhexidine. Discontinue once invasive lines removed.
Food/Nutrition		
<input type="checkbox"/>	Restrict Fluids	T;N, Routine, Comment: 1500 mL oral fluids daily for patients who underwent cardiopulmonary bypass (on-pump).
Patient Care		
<input checked="" type="checkbox"/>	Instruct/Educate	T;N, Instruct: patient/family; Topic: on post operative activity (clinical pathway) and smoking cessation
<input type="checkbox"/>	Telemetry	T;N, Routine
<input type="checkbox"/>	Intake and Output	T;N, Routine, q8h(std), and record
<input checked="" type="checkbox"/>	Daily Weights	T;N, qam
<input type="checkbox"/>	Whole Blood Glucose Nsg	T;N, Routine, q2h with sliding scale insulin, if result less than 150 mg/dL for 24 hours without administration of insulin, change bedside glucose monitoring to q4h for 24 hours.
<input type="checkbox"/>	Whole Blood Glucose Nsg	Today;0500, Routine, once, Comment: Collect on POD #2. If result greater than or equal to 150 mg/dl, place the "ICU Glycemic Control Protocol Orders" Careset", repeat at 0600
<input type="checkbox"/>	Incentive Spirometry NSG	T;N, Routine, q1h-Awake, PRN, Comment: every hour x 10 while awake
<input type="checkbox"/>	Turn Cough and Deep Breathe	T;N, Routine, q1h-Awake, PRN
<input type="checkbox"/>	Incision Care	T;N, Routine, Special Instructions: Cleanse CHEST INCISION with chlorhexidine 2% soap and sterile water, paint with chloraprep and apply dry, sterile dressings q24 hours and PRN. Remove dressings when incision no longer draining.





Physician Orders ADULT

Order Set: Cardiac Surgery Transfer Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Patient Care continued		
<input type="checkbox"/>	Incision Care	T;N, Routine, Special Instructions: Cleanse LEG INCISION with chlorhexidine 2% soap and sterile water, paint with chloraprep and apply dry, sterile dressings q24 hours and PRN. Remove dressings when incision no longer draining.
<input type="checkbox"/>	Incision Care	T;N, Routine, Special Instructions: Cleanse ARM INCISION with chlorhexidine 2% soap and sterile water, paint with chloraprep and apply dry, sterile dressings q24 hours and PRN. Remove dressings when incision no longer draining.
<input type="checkbox"/>	Sternal Support Bra Apply	T;N Patient to wear sternal support/surgical bra for females except when showering
<input type="checkbox"/>	Pacing Wire Care	T;N, Routine, QDay
<input type="checkbox"/>	Pacing Wire Care	T;N, Routine, Special Instructions: Connect with pacer OFF
<input type="checkbox"/>	Chest Tube Care	T;N, Suction Strength: Low Continuous, To Suction At: -20cm, clean with chlorhexidine 2% soap and sterile water daily
<input type="checkbox"/>	Indwelling Urinary Catheter Care	T;N, Routine, q-shift, PRN
<input type="checkbox"/>	Continue Foley Per Protocol	T;N, Reason: _____
<input type="checkbox"/>	Bladder Outlet Obstruction	<input type="checkbox"/> Chronic Hx Indwell or Suprapubic Cath
<input type="checkbox"/>	UOP monitored in critically ill patient	<input type="checkbox"/> Open Sacral or Peri Wound w/Urine Incont
<input type="checkbox"/>	Hospice or Terminal care	<input type="checkbox"/> Sedated on Ventilator
<input type="checkbox"/>	s/p OB or GYN Surgery	<input type="checkbox"/> s/p Urology Surgery
<input type="checkbox"/>	Indwelling Urinary Catheter Remove	T;N, Routine
<input type="checkbox"/>	Indwelling Urinary Catheter Remove	T;N, Routine, Special Instructions: discontinue on post op day #1
<input type="checkbox"/>	Indwelling Urinary Catheter Remove	T;N, Routine, Special Instructions: discontinue on post op day #2
<input checked="" type="checkbox"/>	In and Out Catheter	T;N, q8h, PRN if patient is unable to void. Notify MD after 3 In and out attempts
Nursing Communication		
<input type="checkbox"/>	Nursing Communication	T;N, Special Instructions: nursing assessment every 4 hours until 24 hours post transfer. May progress to every 8 hours if stable
<input checked="" type="checkbox"/>	Nursing Communication	T;N, Special Instructions: If patient experiences chest pain place order for EKG, as T;N, STAT, PRN, Reason: "chest pain", Comment: Call cardiothoracic (CT) surgeon.
<input type="checkbox"/>	Nursing Communication	T;N, Special Instructions: If fasting glucose is greater than or equal to 200 mg/dL on 2 consecutive results, place the "ICU Glycemic Control Protocol Orders" Careset and place group consult order to UTMG Endocrinology.
Respiratory Care		
<input type="checkbox"/>	Incentive Spirometry Teaching by RT	T;N, Routine, q1h-Awake, PRN, Comment: Every hour x 10 and cough and deep breathing exercises
<input type="checkbox"/>	PEP Therapy	T;N, Routine every 2 hours while awake
<input type="checkbox"/>	Nasal Cannula (O2-Nasal Cannula)	T;N, 2 L/min, titrate to keep O2 saturation greater than or equal to 92%
<input type="checkbox"/>	Oxygen Saturation-Spot Check (RT)	T;N bid, discontinue when room air O2 saturation >92% or _____.
Medications		
ELECTROLYTE REPLACEMENT		
NOTE: Only for patient receiving diuretic therapy		
<input type="checkbox"/>	potassium chloride	20 mEq ER Tablet, PO, QDay, PRN, Routine, Comment: If potassium level 3.6-3.9 mmol/L, discontinue when diuretics discontinued.
<input type="checkbox"/>	potassium chloride	40 mEq, ER Tablet, PO, QDay, PRN, Routine, Comment: If potassium level 3.0-3.5 mmol/L, discontinue when diuretics discontinued.



Physician Orders ADULT

Order Set: Cardiac Surgery Transfer Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Beta Blocker Therapy Must Complete	
	NOTE: To Adhere to Regulatory guidelines, if Beta-blocker therapy is contraindicated and will not be ordered as a discharge prescription, document the Reason Beta-Blocker Not Prescribed at Discharge below:
<input type="checkbox"/>	metoprolol 25 mg, Tab, PO, bid, Routine, Comment: HOLD if: HR less than 50 bpm, systolic BP less than 90mmHg, 1st degree AVB greater than 0.24 seconds, 2nd or 3rd degree heart block. Hold if on inotropic or vasopressor support.
<input type="checkbox"/>	metoprolol succinate 25mg oral tablet, extended release 12.5 mg, ER Tablet, PO, QDay, Routine, Comment: HOLD if: HR less than 50 bpm, systolic BP less than 90mmHg, 1st degree AVB greater than 0.24 seconds, 2nd or 3rd degree heart block. Hold if on inotropic or vasopressor support.
<input type="checkbox"/>	Reason Beta-Blocker Not Prescribed at Discharge T;N, Reason: _____
<input type="checkbox"/>	Notify Physician-Continuing T;N, Notify Who: Cardiothoracic (CT) surgeon, Notify For: If beta blocker held.
ANTIPLATELET MUST Complete	
<input type="checkbox"/>	VTE SURGICAL Prophylaxis Plan (See separate Order Set: (VTE Prophylaxis Surgical 22226)
	NOTE: To Adhere to Regulatory guidelines, if Aspirin has not been administered within 24 hours prior to admission select aspirin below. If Aspirin is contraindicated, document Reason Aspirin Not Given on Arrival below:
<input type="checkbox"/>	aspirin 325 mg, DR Tablet, PO, Qday, Routine
<input type="checkbox"/>	Reason Aspirin Not Given on Arrival T;N, Reason: _____
	NOTE: To Adhere to Regulatory guidelines, if Aspirin is contraindicated and will not be ordered as a discharge prescription, document Reason Aspirin Not Prescribed at discharge below:
<input type="checkbox"/>	Reason Aspirin not Prescribed at Discharge T;N, Reason: _____
STATIN THERAPY - MUST Complete	
	NOTE: To Adhere to Regulatory guidelines, if Statin therapy is contraindicated and will not be ordered as a discharge prescription, document the Reason Statin Not Prescribed at Discharge below:
<input type="checkbox"/>	atorvastatin 40mg, Tab, PO, hs, Routine
<input type="checkbox"/>	Reason Statin Not Prescribed at Discharge T;N, Reason: _____
ACE INHIBITORS / ARB if EF less than 40%	
	NOTE: complete ACE-I/ARB if EF less than 40%
	NOTE: To adhere to Regulatory guidelines, if ACEI / ARB therapy is contraindicated and will not be ordered as a discharge prescription, document the Reason ACEI Not Prescribed at Discharge <u>AND</u> the Reason ARB Not Prescribed at Discharge below:
<input type="checkbox"/>	lisinopril 2.5 mg, Tab, PO, Qday, Routine, Comment: Hold for SBP < 100mmHg
<input type="checkbox"/>	lisinopril 5 mg, Tab, PO, Qday, Routine, Comment: Hold for SBP < 100mmHg
<input type="checkbox"/>	valsartan 80 mg, Tab, PO Qday, Routine, Comment: Hold for SBP < 100mmHg
<input type="checkbox"/>	valsartan 160 mg, Tab, PO Qday, Routine, Comment: Hold for SBP < 100mmHg
<input type="checkbox"/>	Reason ACEI Not Prescribed at Discharge T;N, Reason: _____
<input type="checkbox"/>	Reason ARB Not Prescribed at Discharge T;N, Reason: _____
<input type="checkbox"/>	Notify Physician-Continuing T;N, Notify Who: Cardiothoracic (CT) surgeon, Notify For: If ACE-I or ARB held.



attach patient label here

Physician Orders ADULT

Order Set: Cardiac Surgery Transfer Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

ANTIBIOTIC PROPHYLAXIS		
DIURETICS		
<input type="checkbox"/>	furosemide	40 mg, Injection, IV Push, once, Routine
OR		
<input type="checkbox"/>	furosemide	40 mg, Tab, PO, QDay, Routine
PAIN CONTROL/SEDATION		
<input type="checkbox"/>	acetaminophen-OXYcodone 325 mg- 5 mg oral tablet	1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, Comment: Mild/moderate pain (not to exceed 4000 mg acetaminophen in 24 hours.)
OR		
<input type="checkbox"/>	acetaminophen-OXYcodone 325 mg- 5 mg oral tablet	2 tab, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine, Comment: Severe pain (not to exceed 4000 mg acetaminophen in 24 hours.)
ANTI-PYRETICS		
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, q4h, PRN Pain or Fever Routine, Comment: Temperature > 38.5 degrees Celsius (not to exceed 4000 mg acetaminophen in 24 hours.)
ANTIEMETIC		
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine
BOWEL REGIMENS		
<input type="checkbox"/>	docusate sodium	100 mg, Cap, PO, bid, Routine, Comment: OR Date: _____
<input type="checkbox"/>	magnesium hydroxide	30 mL, Oral Susp, PO, bid, Routine, Comment: Begin post op day #2, do not give to patient with creatinine clearance less than or equal to 50 mg/dl. OR Date: _____
<input type="checkbox"/>	bisacodyl	10 mg, Supp, PR, QDay, Routine, Comment: Begin post op day #3 if no results from docusate sodium or magnesium hydroxide. OR Date: _____
SEDATIVE		
<input type="checkbox"/>	diphenhydrAMINE	25 mg, Cap, PO, hs, PRN Insomnia, Routine
Laboratory		
<input type="checkbox"/>	CBC w/o diff	T+1, 0400, once, type: blood, nurse collect
<input type="checkbox"/>	CMP	T+1, 0400, once, type: blood, nurse collect
<input type="checkbox"/>	Magnesium	T+1, 0400, once, type: blood, nurse collect
<input type="checkbox"/>	Prothrombin Time (PT)	T;N, QDay, Routine, type: blood, nurse collect
<input type="checkbox"/>	Nursing Communication	T;N, Special Instructions: If patient experiences new onset atrial fibrillation and significant ventricular ectopy place order for Magnesium level and Potassium level STAT once.
Diagnostic Tests		
<input type="checkbox"/>	Chest 2 VW Frontal & Lat	T+1, 0800, Routine, Reason for Exam: post op surgery, Stretcher
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Once	T;N, Notify: Cardiothoracic (CT) Surgeon, room number on arrival to unit
<input type="checkbox"/>	Notify Physician-Once	T;N, Notify: all consultants, of transfer and room number on arrival to unit.
<input type="checkbox"/>	Notify Physician-Once	T;N, Notify: after three In and Out catheter attempts
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Cardiothoracic surgeon, Temperature > 38.5 degrees Celsius; Pain not adequately controlled; Patient in "new onset" atrial fibrillation
<input type="checkbox"/>	Dietitian Consult	T;N, Routine, Type of Consult: Nutrition Management, Comment: Dietitian to place order for diet.
<input type="checkbox"/>	Diabetic Teaching Consult	T;N, Routine, Reason for Consult: Diabetic patient



attach patient label here

Physician Orders ADULT

Order Set: Cardiac Surgery Transfer Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Consults/Notifications continued		
<input type="checkbox"/>	Cardiac Rehab Consult/Doctor Order	T;N, Reason for Consult: Cardiac Rehab Phase 1 for ambulation
<input type="checkbox"/>	Cardiac Rehab Consult/Doctor Order	T;N, Reason for Consult: Phase II Post Discharge, Arrange for 5 weeks post discharge and give plan to patient and family.
<input type="checkbox"/>	Case Management Consult	T;N, Reason: Discharge Planning
<input type="checkbox"/>	Pharmacy Consult-Warfarin Dosing	T;N, Routine, qam
<input type="checkbox"/>	Home Nursing	T;N, skilled nursing visits, cardiopulmonary assessment, disease teaching, medication teaching, incision assessment and care

Date **Time** **Physician's Signature** **MD Number**