



### Physician Orders ADULT: Cardiac Surgery Pre Op Plan EKM

#### Initiate Orders Phase

##### Admission/Transfer/Discharge

- Patient Status Initial Inpatient  
 Admitting Physician: \_\_\_\_\_  
 Reason for Visit: \_\_\_\_\_  
 Bed Type: \_\_\_\_\_ Specific Unit: \_\_\_\_\_  
 Care Team: \_\_\_\_\_ Anticipated LOS: 2 midnights or more

##### Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase  
 Phase: Cardiac Surgery Pre Op Phase, When to Initiate: \_\_\_\_\_

##### Cardiac Surgery Pre Op Phase

##### Non Categorized

- Pre Op Diagnosis/Reason

##### Patient Care

- R Weight  
*Routine, actual weight standing scale*
- R Height  
*Routine, actual height standing scale*
- Consent Signed For  
 Procedure: Coronary Artery Bypass Graft (DEF)\*  
 T;N  
 Procedure: \_\_\_\_\_
- R Instruct/Educate  
*Instruct: Patient and family, Topic: Open Heart preoperative and postoperative activity and smoking cessation. Provide patient with Krames (handout)*
- R PreOp Bath/Shower  
*Product To Use: Other-See Special Instructions, Chlorhexidine the night before and morning of surgery*
- R Prep for Surgery/Delivery  
*Notify surgery to clip and prep, chin to ankles on day of surgery immediately prior to OR.*
- Indwelling Urinary Catheter Insert-Follow Removal Protocol  
*Routine, to be placed while in pre-procedural area*
- Intermittent Needle Therapy Insert/Site Care  
*Routine, q4day, Action: Insert*
- R Incentive Spirometry NSG  
*Instruct: patient and family on Incentive Spirometry, coughing and deep breathing exercises.*

##### Nursing Communication

- Nursing Communication  
*Hold all ACE-I/ARB 48 hours before surgery and diuretics 1 day prior to surgery*
- Nursing Communication  
*If metformin currently ordered, discontinue morning of surgery.*

##### Respiratory Care

- R O2 Sat-Spot Check (RT)  
*once, Special Instructions: obtain baseline saturation level*
- R Bedside Spirometry (Pulm Funct Test)  
*Stat, Special Instructions: Perform pulmonary function testing prior to surgery STAT, if not done in pre-admission workup.*
- RT Communication-Continuing  
*Special Instructions: If abnormal PFTs notify Cardiothoracic (CT) surgeon.*

##### Continuous Infusion

- Sodium Chloride 0.45%  
 1,000 mL, IV, 50 mL/hr
- Sodium Chloride 0.9%  
 1,000 mL, IV, 50 mL/hr

##### Medications

##### Antibiotic Prophylaxis





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- Order cefuroxime AND vancomycin: If documented allergy to beta-lactam order vancomycin ONLY.(NOTE)\*  
cefuroxime  
1.5 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose )  
Comments: Start no earlier than 1 hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding.
- +1 Hours** vancomycin  
15 mg/kg, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose )  
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.

#### Beta Blockers

- metoprolol tartrate  
12.5 mg, Tab, PO, bid, Routine  
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. Patient to get beta blocker AM of surgery with sip of water unless contraindicated.
- metoprolol tartrate  
25 mg, Tab, PO, bid, Routine  
Comments: HOLD if: HR less than 50 bpm, systolic BP less than 90 mmHg, 1st degree AVB greater than 0.24, 2nd or 3rd degree heart block. Hold if on inotropic or vasopressor support. Patient to get beta blocker AM of surgery with sip of water unless contraindicated.

#### Statin Therapy

- +1 Hours** atorvastatin  
80 mg, Tab, PO, hs, Routine  
Comments: Pharmacy: Reduce dose to 20 mg if patient greater than 75 years of age.

#### Anticoagulants/Antiplatelets

- aspirin  
81 mg, DR Tablet, 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

- CMP  
STAT, T;N, once, Type: Blood
- Hemoglobin A1C  
STAT, T;N, once, Type: Blood
- Prealbumin  
STAT, T;N, once, Type: Blood
- CBC  
STAT, T;N, once, Type: Blood
- PT/INR  
STAT, T;N, once, Type: Blood
- Urinalysis w/Reflex Microscopic Exam  
Routine, T;N, once, Type: Urine, Nurse Collect
- Consent Signed For  
T;N, Procedure: Transfusion of Blood / Blood Products
- Type and Screen  
Routine, T;N, Type: Blood
- Type and Crossmatch PRBC  
 STAT, T;N, 2 units, Type: Blood (DEF)\*





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- STAT, T;N, 4 units, Type: Blood
- Hold PRBC
  - STAT, T;N, Units to Hold: 2, OR will call when blood is needed, On Hold for OR (DEF)\*
  - STAT, T;N, Reason: On Hold for OR, Units to Hold: 4, OR will call when blood is needed
  - STAT, T;N, Reason: On Hold for OR

**Diagnostic Tests**

- Electrocardiogram  
*Start at: T;N, Priority: Routine, Reason: Other, specify, Pre Op, once*
- Chest 2 Views  
*T;N, Routine, Stretcher*  
Note: Order below only if Ultrasound has not been completed and resulted within the last 3 months and results are not on chart(NOTE)\*
- US Carotid Dup Scan Extracranial Art Bil  
*T;N, Routine, Stretcher*
- US Ext Lower Ven Doppler W Compress Bil  
*T;N, Routine, Stretcher*  
*Comments: Please mark patient legs*
- US Ext Upper Dup Art/Art Bypass Graft Bil  
*T;N, Reason for Exam: Other, Enter in Comments, Routine, Stretcher*  
*Comments: Reason for exam: Radial artery graft.*
- US Ext Upper Dup Art/Art Bypass Graft LT  
*T;N, Reason for Exam: Other, Enter in Comments, Routine*  
*Comments: Reason for exam: Radial artery graft.*
- US Ext Upper Dup Art/Art Bypass Graft RT  
*T;N, Reason for Exam: Other, Enter in Comments, Routine*  
*Comments: Reason for exam: Radial artery graft.*

**Consults/Notifications/Referrals**

- Consult Clinical Pharmacist  
*Reason: Discontinue ACE-I/ARB 48 hours before surgery.*
- Physician Consult  
*Reason for Consult: patient known to you, Cardiologist*
- Case Management Consult  
*Reason: Discharge Planning*
- R Notify Physician-Once  
*Notify: Cardiothoracic (CT) Surgeon, Notify For: if H&P not available*
- Physician Group Consult  
*Group: Medical Anesthesia Group, Reason for Consult: Regional Block*
- Physician Group Consult  
*Reason for Consult: Nephrology for Renal Optimization pending Cardiac Surgery*
- Physician Group Consult  
*Reason for Consult: Endocrinology Optimization pending Cardiac Surgery*
- 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 antiplatelets except Aspirin*
- ECMO Adult Plan(SUB)\*

<b>Date</b>	<b>Time</b>	<b>Physician's Signature</b>	<b>MD Number</b>





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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

SUB - This component is a sub phase, see separate sheet

R-Required order

