

PHYSICIAN ORDERS

Care Set: **Pediatric Cardiovascular Surgery Transfer Orders**

Page 1 of 2

Date: _____ Time: _____ Weight: _____ kg Height: _____ cm BSA _____

Admission	
Admit to (pick only one):	<input type="checkbox"/> Cardiovascular Surgery Service, Dr. _____, Pager 1-800-206-5488
	<input type="checkbox"/> Cardiology Service, Dr. _____, Pager _____
	Resident/Fellow: _____, Pager _____ Team _____
Transfer to: 7 West SCU NICU Other _____	Condition: _____
<input type="checkbox"/> Notify physician of room number on arrival to unit	
Primary Diagnosis: _____	
Secondary Diagnosis: _____	
Surgical Procedure: _____	
Allergies:	<input type="checkbox"/> No known allergies <input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Medication allergy(s): _____
Vital Signs	
Vital Signs with Blood Pressure Q4 hours	
Keep oxygen Sats greater than _____%; less than _____%(May wean oxygen to _____% to meet parameters)	
Notify physician:	Systolic Blood Pressure greater than _____ or less than _____
	Heart Rate greater than _____ or less than _____
	Temperature greater than 38.5 C (please obtain core temp if axillary temp >37.5 C)
	Chest Tube Drainage greater than _____ml/hr
	Oxygen sats greater than _____% or less than _____%
	Other: _____
Activity	
<input type="checkbox"/> Out of bed as tolerated	
<input type="checkbox"/> HOB elevated at all times	
<input type="checkbox"/>	
<input type="checkbox"/>	
Food/Nutrition	
<input type="checkbox"/> Regular (Age Appropriate)	
<input type="checkbox"/> Notify physician/Nurse Practitioner when taking adequate PO	
<input type="checkbox"/>	
<input type="checkbox"/>	
Patient Care (nursing and respiratory)	
<input type="checkbox"/> Continuous ECG Monitor and Pulse Oximetry	
<input type="checkbox"/> Telemetry Bed	
<input type="checkbox"/> May be off monitor to walk in hall or for XRAY and ECHOs done off unit	
<input type="checkbox"/> Chest tube(s): <input type="checkbox"/> -20 cm suction <input type="checkbox"/> Water Seal	
<input type="checkbox"/> Chest Tube dressing changed every day and PRN loose or soiled dressing	
Mediastinal: Cleanse area with chloraprep (> 2 months age) or betadine (< 2 months age); dress with sterile gauze and paper tape	
Pleural: Cleanse area as above; dress with xeroform gauze and occlusive dressing	
Secure tubing to patient with paper or silk tape to avoid tension with movement	
Secure connections of chest tube and drainage collection tubing with silk tape or tybands	
<input type="checkbox"/> Ensure pigtail catheters are free from twists and kinks every 2 hours.	
<input type="checkbox"/> Assess for change in water seal (presence of air leak) every 2 hours. Notify physician of presence of air leak.	
<input type="checkbox"/> Incentive Spirometer every hour while awake when age appropriate	
<input type="checkbox"/> Daily Weight	
<input type="checkbox"/> Oxygen BNC _____LPM Face Mask _____% High Flow O2 _____LPM/ _____%	
<input type="checkbox"/> Vent Settings (NICU/TCU transfers only): _____	
<input type="checkbox"/> Pacer wires capped and secured to chest under dry gauze	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

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Page 2 of 2

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Continuous Infusion

- D5 1/4 NS with 20 meq KCL/L at _____ ml/hr
- D5 1/2 NS with 20 meq KCL/L at _____ ml/hr
- Continue Parenteral Nutrition _____ ml/hr and Lipids _____ ml/hr
- Normal Saline lock IV PRN per policy (NO Heparin Flushes)
-
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Medications

- See Transfer Medication Reconciliation
- Ibuprofen (10 mg/kg, maximum 600 mg) _____ mg PO Q6 hours PRN for pain
 - Ketorolac (0.5 mg/kg, maximum 30 mg) _____ mg IV Q6 hours scheduled, times _____ doses (not to exceed 4 doses)
 - If no urine output for greater than 8 hours, hold Ketorolac and notify physician
 - Do not give Ibuprofen while patient is receiving Ketorolac
 -
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Diagnostic Tests

- CBC _____
- BMP _____
- PTT/PT/INR _____ (Notify physician of results ASAP)
- May draw from CVL
- Chest XRAY in AM Portable A/P Lateral Reason: _____
- Pre-discharge ECHO on _____ (date)
- Please do ECHO at bedside
-
-
-

Consults

- Nutrition Consult
- Medical Social Work Consult for discharge planning or reason: _____
- General Pediatrics Consult, Reason: _____
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