**Physician Orders for Pediatric Cardiovascular Surgery Transfer Orders**

- **Date:** _______
- **Time:** _______
- **Weight:** ______ kg
- **Height:** ______ cm
- **BSA:** _______

### Admission

- Admit to (pick only one):
  - [ ] Cardiovascular Surgery Service, Dr. ____________________, Pager 1-800-206-5488
  - [ ] Cardiology Service, Dr. ____________________, Pager ____________________

- Resident/Fellow: ___________________, Pager ______________ Team ____________

- Transfer to: 7 West     SCU     NICU    Other ____________ Condition: ________________________

- Notify physician of room number on arrival to unit: ( )

### Primary Diagnosis:

### Secondary Diagnosis:

### Surgical Procedure:

### Allergies:

- [ ] No known allergies
- [ ] Latex allergy
- [ ] Other: ______________________

### 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

- [ ] Out of bed as tolerated
- [ ] HOB elevated at all times

### Food/Nutrition

- [ ] Regular (Age Appropriate)

- Notify physician/Nurse Practitioner when taking adequate PO

### Patient Care (nursing and respiratory)

- [ ] Continuous ECG Monitor and Pulse Oximetry
- [ ] Telemetry Bed
- [ ] May be off monitor to walk in hall or for XRAY and ECHOs done off unit
- [ ] Chest tube(s): [ ] -20 cm suction [ ] Water Seal
- [ ] 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

- Ensure pigtail catheters are free from twists and kinks every 2 hours.
- Assess for change in water seal (presence of air leak) every 2 hours. Notify physician of presence of air leak.
- Incentive Spirometer every hour while awake when age appropriate

- Daily Weight

- Oxygen     BNC ________LPM    Face Mask ________%     High Flow 02 _______LPM/ _______%

- Vent Settings (NICU/TCU transfers only):

- Pacer wires capped and secured to chest under dry gauze
PHYSICIAN ORDERS
Care Set: Pediatric Cardiovascular Surgery Transfer Orders

Date: _________   Time: _________   Weight: ______ kg   Height: ______ cm   BSA _________

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)

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

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: ____________________________

Physician's/Nurse Practitioner's Signature  Name Printed  Physician Number