



The licensed independent practitioner must check (✓) the desired boxes. All order sheets must be signed with date/time by the licensed independent practitioner with ID #. A generic or therapeutically equivalent drug as approved by the P&T Committee may be dispensed unless otherwise specifically stated.

Admit to Unit: _____ Surgeon: _____ Cardiologist: _____
 Place on Clinical Pathway: _____

Sign Consent for Procedure: _____ By: _____
 Procedure: _____ By: _____

Code Status: Full DNR
 Advance Directives: Yes No

Height: _____ Weight: _____ EF _____ %

Label chart **ALLERGIC** to: _____
 Mended Hearts Visitation
 Smoking Cessation Referral

ROUTINES:

- Vital Signs every 4 hours while awake
- NPO after midnight. Continue PO medications with sips of water.
- Diet:
 - Cardiac
 - Cardiac and Diabetic (ADA) _____ calories
 - Other: _____
- Hibiclens shower in the evening and at 0500 in the morning: wet body, wash from neck down with 2 oz of Hibiclens, rinse well and repeat. Avoid eyes, mucous membranes. If unstable assist with bed bath.
- Post surgical bra size _____

ACTIVITY:

- Activity/Ambulation:
- Ad lib
 - Other: _____

TESTS:

- Cancel all previously ordered daily labs (example: PTT)
- CBC TSH
- Basic Metabolic Panel HbgA1C
- Lipid Profile Urinalysis (if valve surgery)
- Notify Blood Bank that patient is to have surgery on _____
- Stat Type and Crossmatch 2 units PRBC's
- Platelets _____ units for qualitative defect due to clopidogel (Plavix)
- Chest X-ray if not done previously
- ECG if not done previously

AUTOMATIC STOP ORDERS INCLUDE (but are not limited to): Narcotics – 7 days Antibiotics – 7 days

MEDICATIONS: (Pharmacy Order Set: PRECARDIAC)

- Aspirin _____ mg PO daily
- Metoprolol (Lopressor) _____ mg PO every _____ hours. Hold: _____
- Amiodarone (Cordarone) _____ mg PO every _____ hours. Hold: _____
- GI Upset:
 - Famotidine (Pepcid) 20 mg PO BID
 - Pantoprazole (Protonix) 40 mg PO daily
- Nitroglycerin 0.4 mg (1/150 gr) SL tab PRN for angina and initiate Chest Pain Protocol
- For Sleep: _____ PO at bedtime PRN insomnia

OTHER:

Physician Signature: _____ ID #: _____ Date: _____ Time: _____



**ADMISSION ORDERS:
 PRE-OPERATIVE CARDIAC
 SURGERY**
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Patient Identification (place label within border of box):