



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 ICU service of Dr. _____ (surgeon)

Cardiologist: _____

Procedure: _____

Critical Care Consult for: _____

Code Status: _____ Advance Directives: _____

- Full
- DNR

- Yes
- No

Height: _____ cm Weight: _____ kg EF _____ %

Label chart **ALLERGIC** to: _____

ROUTINES:

- Diet:
- NPO
 - Advance diet to:
 - Sodium 2 Gm (Cardiac)
 - Sodium 2 Gm (Cardiac) and Diabetic (ADA) _____ calories
 - Other: _____
 - Vital Signs: record BP, MAP, HR, CVP, PAP's every 30 minutes until stable then every 1 hour until vasoactive infusions weaned per ICU standard.
 - Hemodynamic profile STAT on arrival then every 4 hours until vasoactive infusions discontinued then per ICU standard.
 - Temperature every hour until 98.6°F (37°C) then every 4 hours. Every 2 hours if temperature greater than 101.5°F (38.6°C).
 - Record hourly intake and output.
 - Record warmth color, pulses in feet and capillary refill in feet every 2 hours for 8 hours, then every 8 hours.
 - Weigh daily starting POD # 2 in AM.
 - IABP ratio: _____
 - Pacemaker: initiate pacing support for hemodynamically unstable bradycardia and notify intensivist.
 - Salem sump to low continuous suction, irrigate PRN, clamp after extubation, remove when tolerating liquids.

ACTIVITY/REHAB:

- Bed rest: advance as tolerated

DRAINS/TUBES:

- Atrium closed chest drainage system to 20 cm suction/water seal, maintain patency, measure output every 1 hour for 24 hours, notify intensivist if output is greater than 150 mL/hour.
- Blake drains to bulb suction. Measure output every 1 hour for first 24 hours. If greater than 200 mL blood loss in first hour post-op connect to autotransfuser and Atrium closed system with 20 cm suction/water seal.
- Foley to urinometer; call intensivist if urine output less than 0.5 mL/kg/hr for 2 consecutive hours.

TESTS:

- Cancel all previously ordered daily labs
- STAT chest x-ray on arrival and after pleural chest tube removed
- Upright chest x-ray 4 hours after ICU arrival for "mini" valve surgery
- STAT EKG
- Basic Metabolic Panel, Magnesium and CBC in 4 hours, and in AM

DRESSINGS/TREATMENTS:

- Dressing change per incisional wound care protocol beginning 24 hours post-op for sternotomy and 48 hours for lower extremity incisions. No tape on legs. May leave open to air if wounds clean, dry and intact.
- Surgical bra size: _____
- Foot pump or
- SCD with knee hi TED hose for off pump CABG patients.



**ORDERS:
POST-OPERATIVE
CARDIAC SURGERY**

(Page 1 of 3)

Patient Identification (place label within border of box):



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.

RESPIRATORY:

- Ventilator settings: Mode: _____ TV _____ Rate _____/minute
FiO₂ _____ PEEP _____ PSV _____
- Initiate respiratory vent weaning protocol, notify intensivist prior to extubation.
- Post extubation: turn, cough and deep breathe every two hours while awake and every 4 hours at night.
- Post extubation: incentive spirometer every 2 hours while awake and every 4 hours during night.
- Titrate FIO₂ to keep O₂ sat greater than _____ post extubation.
- Treatments on ventilator: _____ and
post extubation: _____

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

MEDICATIONS (Discontinue all previous orders): (Pharmacy Order Set: POSTCARDIAC)

REGULAR/ROUTINE:

If CABG patient:

- Aspirin 81 mg PO daily; start 8 hours post-op and bleeding less than 100 mL/hour for 6 hours

GI Upset (choose one):

- Famotidine (Pepcid) 20 mg IV push every _____ hours
- Pantoprazole (Protonix) 40 mg IV every _____ hours

- Senokot S 2 tablets PO daily until BM, then change to 1 tablet PO daily
- Saline lock flush every 8 hours and PRN IV after medication administration

PAIN:

Acetaminophen: **NOT TO EXCEED 4 GM ACETAMINOPHEN IN 24 HOURS!**

- 650 mg tab PO every 4 hours PRN pain rated 2 or less or temperature greater than 101.5°F (38.6°C) for first 24 hours post-op
- 650 mg liquid NG every 4 hours PRN pain rated 2 or less or temperature greater than 101.5°F (38.6°C) for first 24 hours post-op
- 650 mg suppository PR every 4 hours PRN pain rated 2 or less or temperature greater than 101.5°F (38.6°C) for first 24 hours post-op
- 300 mg with Codeine 30 mg (Tylenol # 3) 1 tablet PO every 4 hours PRN pain rated 3 or less
- 300 mg with Codeine 30 mg (Tylenol # 3) 2 tablets PO every 4 hours PRN pain rated 4 or greater
- Morphine 2 mg IV every 1 hour PRN pain. Do not exceed _____ mg/hour after weaning from ventilator
- Fentanyl (Sublimaze) 25-50 mcg IV every 15 minutes PRN pain. Do not exceed _____ mcg every hour after weaning from ventilator
- On-Q Pain Pump: Bupivacaine (Marcaine) 0.2% at 4 mL/hour for post-op pain control x 72 hours

PRN:

- Ondansetron (Zofran) 4 mg IV over 5 minutes every _____ hours PRN nausea
- Zolpidem tartrate (Ambien) _____ mg PO at bedtime PRN sleep
- Simethicone (Mylicon) 80 mg PO every 6 hours PRN gas
- Throat lozenges PRN soreness

IV's:

Antibiotic (choose one):

- Cefazolin (Ancef, Kefzol) 1 Gm IV every _____ hours for total of 24 hours. First dose given at: _____ (first dose given in Surgery). If second dose given in Surgery document the time given: _____.
- Vancomycin (Vancocin) 1 Gm IV every _____ hours for total of 24 hours if beta-lactam allergic. First dose given at: _____ (first dose given in Surgery). If second dose given in Surgery document the time given: _____.

MAINTENANCE IV's:

- Continue OR crystalloid at KVO; mix all drugs in D5W if compatible.
- Nitroglycerin 50 mg/D5W 250 mL at 10-150 mcg/minute for 10 hours, then wean off. Radial artery grafts: maintain nitroglycerin at 30 mcg/min.
- Nitroprusside sodium (Nipride) 50 mg/D5W 250 mL titrate to maintain MAP _____ mmHg; inform intensivist if unable to wean off in _____ hours. Notify intensivist if MAP is greater than 90 mmHg or more than 5 mcg/kg/min needed to control BP.



**ORDERS:
POST-OPERATIVE
CARDIAC SURGERY**

(Page 2 of 3)

Patient Identification (place label within border of box):



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.

MAINTENANCE IV's continued:

Colloid: first 24 hours post op

- Infuse Hetastarch 6% (Hespan) 500 mL IF PAWP or CVP less than _____ and MAP less than _____.
- Infuse Albumin 5% 500 mL IF PAWP or CVP less than _____ and MAP is less than _____. Call Intensivist if PAWP or CVP less than _____ 2000 mL total OR/ICU Hespan/Albumin 5% given.
- Transfuse 1 unit PRBC for HCT less than ___% first 24 hours post op; if HCT less than ___% call Intensivist
- Amiodarone (Cordarone) 150 mg bolus IV over 10 minutes then continuous infusion at 60 mg/hour for ventricular tachycardia
- Dextran infusion total dose of 500 mL IV over 24 hours for coronary artery endartarectomy. Start 4 hours post-op if no signs of bleeding
- Magnesium 2 Gm/D5W 50 mL over 30 minutes PRN urine output greater than 200 mL/hour or serum magnesium less than 1.8 mEq/liter.
- Potassium Chloride replacement FOR FIRST 24 HOURS ONLY.
 - Central line: 20 mEq/D5W 100 mL over 1 hour if serum K⁺ is between 3.9 – 4.1 mEq/liter
 - 40 mEq/D5W 100 mL over 2 hours for serum K⁺ less than 3.9 mEq/liter
 - If no central line give potassium chloride (elixir or tablet) PO/NG:
 - 20 mEq if serum K⁺ is between 3.9 – 4.1 mEq/liter
 - 40 mEq if serum K⁺ is less than 3.9 mEq/liter

INSULIN IV DRIP:

- Insulin 100 units regular/NS 100 mL (1 unit/mL). Start insulin drip at _____ units/hour. Titrate to achieve glucose of 100-120 mg/dL. May titrate 1 to 4 units/hour. Glucose monitoring every hour using Accu-Chek. Notify intensivist if more than 25 units insulin per hour required to control blood sugar or blood sugar is less than 80 mg/dL.

INSULIN IV DRIP SLIDING SCALE:

<input type="checkbox"/> Glucose Level	Action
Less than 60	Stop insulin drip, and notify Intensivist
61 to 74	Stop insulin drip; give 25 ml 50% dextrose IV push. Accu-Chek in 30 minutes. When Accu-Chek is greater than 150 restart drip at _____ units an hour.
75 to 100	Stop insulin drip, Accu-Chek in 30 minutes. When Accu-Chek greater than 150 restart insulin drip at 2 units/hour less than before
101 to 150	Decrease insulin drip 1 unit an hour
151 to 200	Continue at same rate
201 to 250	Increase insulin drip 1 unit an hour
Greater than 250	Increase insulin drip 2 units an hour

SUBCUTANEOUS INSULIN SLIDING SCALE:

- If serum glucose is less than 120 mg/dL at _____ AM/PM, discontinue insulin drip. Cover current serum glucose with _____ insulin SQ NOW and every 4 hours according to sliding scale:
 - 120 – 150 _____ units
 - 151 – 200 _____ units
 - 201 – 250 _____ units
 - 251 – 300 _____ units
 - 301 – 350 _____ units
 - Greater than 350 Notify intensivist

OTHER:

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



WAH 601-397 11/05

**ORDERS:
POST-OPERATIVE
CARDIAC SURGERY**

(Page 3 of 3)

Patient Identification (place label within border of box):