



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.

Transfer to telemetry unit: _____.

Patient and family to view Discharge Video on day after transfer to Telemetry and receive discharge packet

Surgery: _____ Date: _____ Surgeon: _____ Cardiologist: _____

Consults: _____

Notify nurse practitioner when transfer orders are written.

Clinical Pathway: Post-Operative Cardiac Surgery

LV function: _____. If LV function is less than 40% provide instruction for CHF.

Code Status: _____ Advance Directives: _____

- Full Yes
 DNR No

Preop weight: _____

Label chart **ALLERGIC** to: _____

ROUTINES:

- Vital Signs every 4 hours while awake. Notify NP/MD of temperature greater than 101°F, systolic blood pressure greater than 150 mmHg or less than 90 mmHg, diastolic blood pressure greater than 90 mmHg or heart rate greater than 120 or less than 50 beats per minute.
- Notify NP/MD of new onset atrial fibrillation, junctional rhythm, PVC's greater than 10 per minute or ventricular tachycardia.

Diet:

- Cardiac
- Cardiac and Diabetic (ADA) _____ calories
- Other _____

- Weigh every day
- Strict I&O until patient is within ten pounds of preoperative weight or if ejection fraction is less than 30%.
- If patient converts to atrial fibrillation keep NPO until evaluated by NP/MD.
- Other: _____

ACTIVITY:

- Out of bed for all meals. Progress as tolerated until patient circumambulates at least TID.
- May travel without monitor if alert and oriented, NSR, SAO2 greater than _____% and VS stable (see vital signs order)
- May shower when chest drains removed if stable.
- Sternal precautions

DRAINS/TUBES:

- Closed chest tube drainage system to 20 cm suction/water seal.
- Must designate and **record output from all drains** every 8 hours until removed.
- Discontinue foley catheter. If unable to void 10 hours after catheter discontinued, straight cath and record amount. If urine volume greater than 300 mL, reinsert regular foley catheter.

TESTS:

- Cancel all repeating labs previously ordered (i.e., PTT).
- Daily PT/INR if on Warfarin (Coumadin)
- CBC in AM
- BMP and magnesium daily times 2 days start on _____
- Other _____



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DRESSINGS/TREATMENTS:

Off pump CABG: foot pump or SCD with knee hi TED hose until circumambulating TID.

RESPIRATORY:

- Titrate FIO₂ according to Respiratory Care protocol or accept saturation of: _____
- Mode of O₂: _____
- Respiratory Care to follow patient until supplemental O₂ is discontinued.
- May ambulate without oxygen if not short of breath.
- O₂ sat PRN SOB or onset of atrial fibrillation.
- Cough and deep breathe, incentive spirometry every 4 hours while awake.
- Other treatments: _____

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

MEDICATIONS: (Pharmacy Order Set: TR15)

REGULAR/ROUTINE:

- Amiodarone (Cordarone) _____ mg PO every _____ hours hold for _____
- Aspirin 81 mg PO daily
- Clopidogrel (Plavix) 75 mg PO daily start _____
- GI prophylaxis (choose one):
 - Pantoprazole (Protonix) 40 mg PO daily
 - Famotidine (Pepcid) 20 mg PO BID
- Metoprolol (Lopressor) _____ mg PO every _____ hours
- Saline lock flush every 8 hours and with every IV administration
- Senokot-S 2 tabs PO daily until BM, then change to 1 tablet PO daily
- Simvastatin (Zocor) 20 mg PO every HS

Antibiotic: _____ Stop date: _____

Indication: _____

Antibiotic: _____ Stop date: _____

Indication: _____

PRN:

- Bisacodyl (Dulcolax) 10 mg suppository BID PRN constipation
- Simethicone (Mylicon) 80 mg PO every 6 hours PRN gas
- Maalox Plus 30 mL PO every 4 hours PRN indigestion
- Metoclopramide (Reglan) 10 mg IV every _____ hours PRN nausea
- Milk of magnesia 30 mL PO every 6 hours PRN constipation
- Nitroglycerin 0.4 mg (1/150 grains) SL PRN every 5 minutes for 3 doses PRN angina. Follow Chest Pain Protocol.
- Sorbitol 30 mL PO every 8 hours PRN constipation
- Throat lozenges every 4 hours PRN sore throat
- Zolpidem (Ambien) _____ mg PO at bedtime PRN insomnia

Other: _____



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PRN Cont'd:

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

Pain:

- Acetaminophen _____ mg PO every 4 hours PRN pain or temperature greater than 101°F. Notify MD/NP of fever.
- Acetaminophen 300 mg/Codeine 30 mg (Tylenol #3) 1-2 tablets PO every 4 hours PRN
- Acetaminophen 325 mg/Oxycodone 5 mg (Percocet 5-325) 1-2 tablet PO every 4 hours PRN
- Acetaminophen 500 mg/Hydrocodone 5 mg (Vicodin) 1-2 tablets PO every 4 hours PRN
- Morphine 2-4 mg IV every 3 hours PRN

Electrolyte Replacement:

- Potassium: applies only on days serum K⁺ has been drawn if creatinine is less than 1.8.
 3.7 – 3.9 KCl 30 mEq PO once
 3.4 – 3.6 KCl 40 mEq PO once
 If less than 3.4 give KCl 40 mEq PO and call nurse practitioner/physician.

Insulin Sliding Scale Coverage:

- Fingertstick blood sugar before meals and HS if diabetic. Cover with _____ insulin SQ.
 120 – 150 _____ units SQ
 151 – 200 _____ units SQ
 201 – 250 _____ units SQ
 251 – 300 _____ units SQ
 301 – 350 _____ units SQ
 greater than 350 call NP/MD

OTHER:

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



WAH 601-396 6/05

**TRANSFER ORDERS:
POST-OPERATIVE CARDIAC
SURGERY**

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Patient Identification (place label within border of box)