



Check for STAT MEDS only



MR #:

Name:

ROOM #

PHYSICIAN'S ORDER SHEET – Page 1 of 4

Dispensing by non-proprietary name is authorized unless otherwise ordered

- YOU MAY WRITE AN ORDER WITH A RANGE, BUT ONLY ONE PARAMETER, FREQUENCY OR DOSE, CAN HAVE A RANGE
- INDICATION(S) FOR ALL NEW MEDICATION ORDERS SHOULD BE NOTED

Cardiovascular Surgery Postoperative Orders
Check boxes and fill in the blanks

Allergies: _____ None

Diagnosis Status post: _____ Surgeon: _____

Vital Signs

- Monitor vital signs and hemodynamics per CVICU Standards
- Intake and Output per CVICU Standards
- Daily weights

Activity

- Activity progression as tolerated per CVICU Standards

Nursing Orders Call MD

- Hct under _____
- Serum potassium less than 3 or greater than 5.5
- Urine output equal to or less than 0.5 ml/kg/hr x 2 consecutive hours
- Heart rate less than 50 or greater than 120
- Systolic BP less than 90 or greater than 140
- CVP less than 5 or greater than 20
- Chest tube drainage greater than 100 ml/hour for 2 hours

Nursing Orders

Temporary pacemaker mode and rate as specified:
 Mode (**check one**): DDD DVI AOO AAI VVI
 Rate: _____/minute. Set mA and sensitivity as per standard procedure

Disconnect pacer and cap wires the morning following surgery unless order is written to continue

Additional pacemaker orders: _____

- Apply re-warming blankets to achieve systemic re-warming to 37° C
- NG to low wall suction; remove NG tube post extubation
- Foley to gravity
- Maintain chest tube at -20 cm suction
- Keep elastic bandages (Ace wraps) on leg(s) for 24 hours, then apply sterile dressing
- Change sternal dressing on Postoperative Day #1
- Discontinue dressings in A.M. on Postoperative Day #2 if not oozing
- Anti-embolism stockings

Mechanical Ventilation

- Wean and extubate per Ventilation Protocol
- Mode SIMV + Pressure Support 10 cm H₂O or _____
- Rate 8 breaths/minute or _____ breaths/minute
- Tidal volume 8–10 ml/kg normal body weight or _____ ml/kg
- Adjust minute ventilation (rate or tidal volume) to maintain PaCO₂ at 35–45 mm Hg or ETCO₂ 35–45 mm Hg, or _____ to _____ mm Hg
- Adjust FiO₂ to keep SpO₂ greater than 92% or SpO₂ from _____ to _____%
- PEEP 5 cm H₂O

Additional ventilator orders: _____

Diet

- Day of surgery: NPO. May have sips of water/ice when extubated
- Full liquid, NAS diet after extubation.
- After tolerated full liquid, NAS diet without nausea, vomiting or abd. pain, advance to:
 - No added salt
 - Diabetic
 - Other: _____

DATE	TIME	PROVIDER'S SIGNATURE	TITLE	PRINT PROVIDER'S NAME	BEEPER OR CONTACT #
DATE	TIME	RN'S SIGNATURE	TITLE	PRINT RN'S NAME	
DATE	TIME	UNIT ASSISTANT'S SIGNATURE		PRINT UNIT ASSISTANT'S NAME	

O
R
D
E
R
S
H
E
E
T



Check for STAT MEDS only



MR #:

Name:

ROOM #

PHYSICIAN'S ORDER SHEET – Page 2 of 4

Dispensing by non-proprietary name is authorized unless otherwise ordered

- YOU MAY WRITE AN ORDER WITH A RANGE, BUT ONLY ONE PARAMETER, FREQUENCY OR DOSE, CAN HAVE A RANGE
- INDICATION(S) FOR ALL NEW MEDICATION ORDERS SHOULD BE NOTED

Cardiovascular Surgery Postoperative Orders

Check boxes and fill in the blanks

IV Orders

- Normal Saline at 100 ml/hour x 4 hours or until hemodynamically stable, then maintain at 25 ml/hour
- Maintain peripheral IV of NS at TKO for blood transfusions
- If Hct over _____, maintain PCWP/CVP at _____ with Lactated Ringers (not to exceed 3,000 ml or _____ in the first 12 hours post-op)

Medication Orders

Potassium Replacement (notify MD for serum creatinine > 2 mg/dl or urine output equal to or less than 0.5 ml/Kg/hr x 2 hours)

SERUM POTASSIUM	POTASSIUM CHLORIDE TO GIVE
3.8–3.9	20 mEq IV over 2 hours by peripheral IV or over 1 hour by central IV
3–3.7	40 mEq IV over 4 hours by peripheral IV or over 2 hours by central IV

For serum potassium less than 3.5 recheck serum potassium 2 hours after the final dose

Antibiotic prophylaxis per Antibiotic Order Sheet

Pain Management (see Pain and Sedation in Critical Care standard policy and procedure):

Morphine sulfate 2 mg IV push every hour PRN for mild pain, 4 mg IV push every hour PRN for moderate pain and 6 mg IV push every hour PRN for severe pain.

Hydrocodone 5 mg with acetaminophen 500 mg* (Vicodin) 1 or 2 tabs by mouth/NG every 3 hours PRN mild to moderate pain, max. dose = 8 tabs/24 hours

Oxycodone 5 mg with acetaminophen 325 mg* (Percocet) 1 or 2 tabs by mouth/NG every 3 hours PRN moderate to severe pain, max. dose = 12 tabs/24 hours

*Do not exceed 4 grams acetaminophen in 24 hours.

Sedation (see Pain and Sedation in Critical Care standard policy and procedure):

Maintain RASS (Richmond Agitation/Sedation Scale) score at

0 (Alert and calm) 1 (Drowsy) 2 (Light Sedation) 3 (Moderate sedation)

with the following agents (select one):

Midazolam (Versed):

1 mg for mild agitation (RASS score of +1 or +2) IV push every hour PRN

2 mg for moderate agitation (RASS score of +3) IV push every hour PRN

3 mg for dangerous agitation (RASS score of +4) IV push every hour PRN

Propofol (Diprivan) IV drip, start at 50 micrograms/kg/min and titrate to RASS score

ALL IV DRIPS TO BE MIXED IN NORMAL SALINE UNLESS INCOMPATIBLE/NOT AVAILABLE IN NORMAL SALINE PRE-MIX

Antihypertensives/Vasodilators (in CVICU):

Nitroglycerin (Tridil) IV drip at _____ micrograms/kg/min

Continue the following agent(s) from CVOR to maintain SBP/MAP equal to or less than _____:

Nitroprusside (Nipride) IV drip 0.1 to _____ micrograms/kg/min

Labetalol (Normodyne) 5–10 mg IV over 2 minutes every 10 min (maximum 300 mg/24 hours)

Nicardipine (Cardene) IV drip 10 mg/hour for initial control, then 1–7 mg/hour for maintenance

DATE	TIME	PROVIDER'S SIGNATURE	TITLE	PRINT PROVIDER'S NAME	BEEPER OR CONTACT #
DATE	TIME	RN'S SIGNATURE	TITLE	PRINT RN'S NAME	
DATE	TIME	UNIT ASSISTANT'S SIGNATURE		PRINT UNIT ASSISTANT'S NAME	

ORDER SHEET



Check for STAT MEDS only



MR #:

Name:

ROOM #

PHYSICIAN'S ORDER SHEET – Page 3 of 4

Dispensing by non-proprietary name is authorized unless otherwise ordered

- YOU MAY WRITE AN ORDER WITH A RANGE, BUT ONLY ONE PARAMETER, FREQUENCY OR DOSE, CAN HAVE A RANGE
- INDICATION(S) FOR ALL NEW MEDICATION ORDERS SHOULD BE NOTED

Cardiovascular Surgery Postoperative Orders
Check boxes and fill in the blanks

Medication Orders (cont'd)

Inotropes (in CVICU):

Continue the following agent(s) from CVOR to keep SBP from _____ to _____ and cardiac index over _____:

- Dopamine (Intropin) IV drip 1–10 micrograms/kg/min
- Dobutamine (Dobutrex) IV drip 1–10 micrograms/kg/min
- Milrinone (Primacor) IV drip at 0.25–0.75 micrograms/kg/min
- Inamrinone (Inacor) IV drip 5–10 micrograms/kg/min

Vasopressors (in CVICU):

Continue the following agent(s) from CVOR to keep SBP from _____ to _____:

- Phenylephrine (Neosynephrine) IV drip 0.01 to 2 micrograms/kg/min
- Epinephrine (Adrenalin) IV drip 0.01 to 0.2 micrograms/kg/min
- Norepinephrine (Levophed) IV drip 0.01 to 0.2 micrograms/kg/min

Blood Glucose Management:

- Test blood glucose (fingerstick, arterial or venous blood sample) on admission to CVICU.
If glucose equal to or greater than 140, or if on continuous insulin infusion from CVOR, implement Critical Care Continuous Insulin Infusion Protocol with D5W at 25 ml per hour

GI Bleed Prophylaxis:

- Famotidine (Pepcid) 20 mg by mouth every 12 hours
- Famotidine 20 mg IV every 12 hours if unable to take by mouth

Dysrhythmia Prophylaxis:

- Atenolol (Tenormin) _____ mg by mouth every _____ hours after extubation
Hold for systolic BP less than 100 or heart rate under 60

Anticoagulation:

- EC ASA 162 mg by mouth/NG once daily (start Postoperative Day #1 if able to take PO)
- Warfarin (Coumadin): _____

Stool Softener:

- Docusate sodium (Colace) 100 mg by mouth twice daily (start Postoperative Day #1 if able to take PO)

Other Medications:

- Metoclopramide (Reglan) 10 mg IV push every 6 hours PRN for nausea
- Dolasetron (Anzemet) 12.5 mg IV push as a single dose for nausea not relieved by Reglan
- Acetaminophen* (Tylenol) 650 mg by mouth/NG every 4 hours PRN temperature over 38.5 degrees C
- Acetaminophen* suppository 650 mg PRN every 4 hours temperature over 38.5 degrees C if unable to take by mouth/NG
- Temazepam (Restoril) _____ mg by mouth daily at bedtime PRN for insomnia
- Bisacodyl suppository (Dulcolax) daily PRN for constipation (start Postoperative Day #3)

*Do not exceed 4 grams acetaminophen in 24 hours

DATE	TIME	PROVIDER'S SIGNATURE	TITLE	PRINT PROVIDER'S NAME	BEEPER OR CONTACT #
DATE	TIME	RN'S SIGNATURE	TITLE	PRINT RN'S NAME	
DATE	TIME	UNIT ASSISTANT'S SIGNATURE		PRINT UNIT ASSISTANT'S NAME	

ORDER SHEET

