



Check for STAT MEDS only



MR #:

Name:

# Proof #1

ROOM #

| "DO NOT USE" ABBREVIATION LIST |                      |            |                     |
|--------------------------------|----------------------|------------|---------------------|
| DO NOT USE                     | USE                  | DO NOT USE | USE                 |
| "U"                            | "units"              | "MS"       | "Morphine Sulfate"  |
| "IU"                           | "international unit" | "MSO4"     | "Morphine Sulfate"  |
| "QD"                           | "daily"              | "MgSO4"    | "Magnesium Sulfate" |
| "QOD"                          | "every other day"    | "ug"       | "mcg"               |
| trailing zero "X.0"            | "X"                  | "ARA-A"    | "Vidarabine"        |
| ".X"                           | leading zero "0.X"   | "MTX"      | "Methotrexate"      |

### PHYSICIAN'S ORDER SHEET

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

### CV Surgery Postoperative Transfer Orders

No Known Allergies     Allergies/Type of Reaction (specify): \_\_\_\_\_

**Diagnosis**    Transfer to TCCU, status post \_\_\_\_\_    Surgeon: \_\_\_\_\_

**Vital Signs**

Cardiac monitor/telemetry at all times until discontinued

Monitor vital signs every 4 hours; if other, please specify: \_\_\_\_\_

Intake and Output every shift

Daily weights

**Activity**

Postoperative Day # 1: Obtain Physical Therapy consult, out of bed to chair BID – TID

Postoperative Day # 2-3: Ambulate in hall with assist QID

Postoperative Day # 4-5: Ambulate in hall 5 minutes QID

May shower when pacing wires out

**Nursing Orders Call MD**

Systolic Blood Pressure less than 90 or greater than 150

Temperature greater than 38.5 degrees C

Any new arrhythmia

Chest tube drainage greater than 500 ml/4 hours

SaO<sub>2</sub> less than 90%

Blood glucose greater than 400

**Nursing Orders**

Temporary Pacemaker mode and rate as specified:

Disconnect temporary pacemaker and cap wires

**OR**

Continue temporary pacing as specified:

    Mode (**check one**):  DDD     DVI     AOO     AAI     VVI

    Rate \_\_\_\_\_/minute

Set mA and Sensitivity as per protocol; check "PACED" on arrhythmia alarm screen; maintain sterile dressing over wire insertion site per protocol

Chest tube at -20 cm suction

**OR**

Chest tube to water seal

Oxygen per nasal prongs. Titrate to keep SpO<sub>2</sub> greater than 90%

Instruct patient on use of incentive spirometer. Encourage 8-10 deep breaths every hour while awake

Foley to gravity. Discontinue by 0600 on Postoperative Day # 2

Change sternal and leg dressings in A.M. on Postoperative Day # 1

Discontinue dressings in A.M. of Postoperative Day # 2, if not oozing

|      |      |                      |       |                       |                     |
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| DATE | TIME | RN'S SIGNATURE       | TITLE | PRINT RN'S NAME       |                     |

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### CV Surgery Postoperative Transfer Orders

|                          |   |
|--------------------------|---|
| <b>Diet</b>              | <input type="checkbox"/> No Added Salt<br><input type="checkbox"/> ADA<br><input type="checkbox"/> Other: _____   |
| <b>IV Orders</b>         | <input type="checkbox"/> Maintain or start peripheral IV with saline lock.<br>Discontinue IJ/central line after peripheral access obtained<br><input type="checkbox"/> Do not discontinue central line if patient is on IV Amiodarone (Cordarone)   |
| <b>Medication Orders</b> | <input type="checkbox"/> Follow Potassium Replacement Protocol<br><u>GI Bleed Prophylaxis:</u><br><input type="checkbox"/> Famotidine (Pepcid) 20 mg by mouth BID<br><u>Dysrhythmia Prophylaxis:</u><br><input type="checkbox"/> Atenolol (Tenormin) _____ mg by mouth every _____<br>Hold for systolic blood pressure under 100, or heart rate under 60<br><b>OR</b><br><input type="checkbox"/> Metoprolol (Lopressor) _____ mg by mouth every _____<br>Hold for systolic blood pressure under 100, or heart rate under 60<br><u>Hypertension Management:</u><br><input type="checkbox"/> Lisinopril (Prinivil, Zestril) _____ mg by mouth every _____<br>Hold for systolic blood pressure under _____<br><b>OR</b><br><input type="checkbox"/> Captopril (Capoten) _____ mg by mouth every _____<br>Hold for systolic blood pressure under _____<br><u>Cholesterol Management:</u><br><input type="checkbox"/> Lovastatin (Mevacor) _____ mg by mouth every _____<br><u>Stool Softener:</u><br><input type="checkbox"/> Docusate sodium (Colace) 100 mg by mouth BID. Hold for loose stools<br><u>Anticoagulation:</u><br><input type="checkbox"/> EC ASA _____ mg by mouth every A.M.<br><input type="checkbox"/> Warfarin per Pharmacy protocol, obtain daily H/H and INR<br><u>Pain Management:</u><br><input type="checkbox"/> Acetaminophen* (Tylenol) 650 mg by mouth every 4 hours prn for mild pain or fever over 38.5 degrees C<br><input type="checkbox"/> Hydrocodone 5 mg with acetaminophen 500 mg* (Vicodin) 2 tabs by mouth every 3 hours prn for moderate pain, maximum dose = 8 tabs/24 hours<br><input type="checkbox"/> Oxycodone 5 mg with acetaminophen 325 mg* (Percocet) 2 tabs by mouth every 3 hours prn for severe pain, maximum dose = 12 tabs/24 hours<br><p style="text-align: center;"><b>*Do not exceed 4 grams total acetaminophen over 24 hours</b></p> |

|      |      |                      |       |                       |                     |
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**CV Surgery Postoperative Transfer Orders****Medication  
Orders  
(cont'd)**Other Medications:

- Metoclopramide (Reglan) 10 mg IV every 6 hours prn nausea/vomiting
- Dolasetron (Anzemet) 12.5 mg IV push as a single dose for nausea or vomiting not relieved with Reglan
- Temazepam (Restoril) 7.5 mg by mouth daily at bedtime for insomnia, hold for confusion
- Bisacodyl suppository (Dulcolax) Postoperative Day # 3 if no BM since surgery

Other Medications (INCLUDE INDICATIONS):


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- Regular human insulin subcutaneously AC/HS per sliding scale:

| BLOOD GLUCOSE    | REGULAR SCALE  |
|------------------|--|
| Less than 70     | Give 50 mL D50W IV, snack or juice and notify MD                                       |
| 70-150           | 0 units regular human insulin  |
| 151-200          | 2 units regular human insulin  |
| 201-250          | 4 units regular human insulin  |
| 251-300          | 6 units regular human insulin. Recheck BS in 2 hours.<br>Call MD if BS same or higher  |
| 301-350          | 8 units regular human insulin. Recheck BS in 2 hours.<br>Call MD if BS same or higher  |
| 351-400          | 10 units regular human insulin. Recheck BS in 2 hours.<br>Call MD if BS same or higher |
| Greater than 400 | Notify MD  |

**Lab**

- EKG in A.M. before discharge and prn for new arrhythmias
- CBC, sodium, creatinine, potassium and glucose in A.M.
- Fingertstick glucose QID AC/HS

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