

Check box to
initiate order

549460 R05/08 Pg. 1 of 3

**PRE-OPERATIVE
OPEN HEART ORDERS**

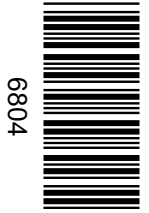
IMPORTANT
Position patient
ID plate so it is
to the **LEFT** of
the arrow

ALLERGIC: NO YES

HH Forms 549460 R05/08

PHYSICIAN'S ORDER FORM

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's blood components)	NOTED BY WHOM
	- History & Physical on chart		<input type="checkbox"/>	Prevention of Post-op Cardiac Surgery Atrial	
	- Cardiac Catheterization report on chart			Fibrillation guidelines	
	- Anesthesia evaluation		<input type="checkbox"/>	metoprolol (Lopressor®) ____mg PO	
	- Consent form on chart			every ____ hours	
	These orders are to be carried out in PATC		<input type="checkbox"/>	other bete-blocker: _____	
	<input type="checkbox"/> CXR			____mg PO every ____ hours	
	<input type="checkbox"/> EKG			<i>If you are able to begin the regimen at least</i>	
	<input type="checkbox"/> Skin prep: 2 showers / bed baths from neck down with Chlorhexidine gluconate (Hibiclens or Cidastat) within 24 hours of surgery.			<i>4 days pre-operatively, then:</i>	
	<input type="checkbox"/> Clean Catch Urinalysis - reflex to culture (valve cases)		<input type="checkbox"/>	amiodarone (Cordarone®) 200mg PO 3 times daily	
	<input type="checkbox"/> Lab work: Lytes, BUN, Cr, BS, CBC without Differential, PT, PTT, Type and Crossmatch			for 4 days;	
	<input type="checkbox"/> Also draw HgA1Cif if patient is a known diabetic.			then amiodarone 400mg PO/NGT BID on the day	
	These orders are to be carried out on C8			of surgery, then;	
	-Admit as inpatient			amiodarone 400mg PO/NGT BID on post-opera-	
	-Vital Signs: per unit standard/Critical Path			tive days 1-4 , then D/C	
	<input type="checkbox"/> Diet:			<i>If you are un-able to begin the regimen at least</i>	
	<input type="checkbox"/> Activity:			<i>4 days pre-operatively, then:</i>	
	<input type="checkbox"/> Document perioperative SaO2		<input type="checkbox"/>	amiodarone (Cordarone®) 900mg/500mL D5W	
	<input type="checkbox"/> Insert #16 gauge, 1 1/4" peripheral IV (or larger) If unable to insert 16 gauge, insert a #18 guage instead			continuous infusion Over 24 hours (20.8 mL/hr)	
	<input type="checkbox"/> Clipping: as per defined standard for Coronary Artery Bypass and Valve patients			beginning within 6 hrs postsurgery, then;	
	<input type="checkbox"/> Blood Glucose via fingerstick on Admission		<input type="checkbox"/>	amiodarone (Cordarone®) 200mg PO / NGT 3 times	
				a day for 5 days OR	
			<input type="checkbox"/>	amiodarone (Cordarone®) 200mg PO / NGT 4 times	
				a day for 4 days	
				Development of unexplained pulmonary	
				symptomatology in a patient on amidarone may	
				be an indication of amiodarone toxicity.	



6804

Check box to
initiate order

549460 R05/08 Pg. 3 of 3

**PRE-OPERATIVE
OPEN HEART ORDERS**

IMPORTANT
Position patient
ID plate so it is
to the **LEFT** of
the arrow

ALLERGIC: NO YES

HH Forms 549460 R05/08

PHYSICIAN'S ORDER FORM

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's blood components)	NOTED BY WHOM
	<p>*** If the antibiotic choice for this patient is Vancomycin, please document the rationale here:</p> <p><input type="checkbox"/> Beta-lactam, penicillin or cephalosporin allergy.</p> <p><input type="checkbox"/> Known prior colonization with MRSA.</p> <p><input type="checkbox"/> Acute inpatient hospitalization within the past year.</p> <p><input type="checkbox"/> Long-Term Care resident within past year.</p> <p><input type="checkbox"/> Increased MRSA rate, either facility-wide or procedure specific</p> <p><input type="checkbox"/> Presence of a chronic wound care or on dialysis.</p> <p><input type="checkbox"/> In-patient stay more than 24 hours prior to surgery.</p> <p><input type="checkbox"/> Other reason; please provide rationale: _____</p> <p>_____</p> <p>_____</p>			<p>Peri-operative Antibiotic Guidelines:</p> <p>If Vancomycin is the antibiotic of choice, the rationale <u>MUST</u> be documented; please use the check boxes on the other side of this page. In addition, the patient should be given a second peri-op antibiotic for Gm. Neg.</p> <p>Coverage such as Ancef (peri-op doses) or Tobramycin (only one pre-op dose)</p> <p><input type="checkbox"/> cefazolin (i.e. Ancef®, Kefzol®) 2 g IV x 1 at time of induction of anesthesia.</p> <p><input type="checkbox"/> cefuroxime (i.e. Zinacef®) 1.5 grams IV x 1 at time of induction of anesthesia</p> <p><input type="checkbox"/> vancomycin *** (i.e. Vancocin®) 1g IV x 1 to start 90 minutes prior to surgery on the admitting unit and infuse over 90 minutes.</p> <p><input type="checkbox"/> tobramycin (i.e. Nebcin®) 4mg/Kg _____ mg at time of induction to anesthesia.</p> <p>Antibiotics to be administered at the end of Cardiopulmonary bypass: Label & tape to chart, will be administered in OR by Anesthesiologist.</p> <p><input type="checkbox"/> cefazolin (i.e. Ancef®, Kefzol®) 1 g IV x 1</p> <p><input type="checkbox"/> cefuroxime (i.e. Zinacef®) 750 mg IV x 1</p> <p><input type="checkbox"/> vancomycin *** (i.e. Vancocin®) 500 mg IV, infuse over 90 Minutes.</p>	



6804