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Physician's Orders CARDIOTHORACIC PRE-SCHEDULED SURGERY PRE-PROCEDURE

Date of Surgery			
Surgeon/Physician			
Patient name	Date of birth		
REQUIRED: Prepare consent (Consent to read)			
REQUIRED: Weightkilograms (only) REQUIRED: Alle	rgies		
PENICILLIN ALLERGY? □ No □ Yes, reaction □ No anaphylaxis. May give Cephalosporin □ Anaphylaxis. No Cephalosporin			
REQUIRED (<i>must choose one</i>): ☐ A.M. Admit: Admit to Inpatient ☐ Outpatien☐ Potential extended recovery (patient remains outpatient status, but may re			
ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.	I was seen		
NON-CATEGORIZED: ☐ Post Op bed in or or	NUTRITION: NPO after midnight may have water up to 4 hours before surgery		
PHYSICIAN CONSULT: Reason: Medical clearance. Name Reason: Consult surgical pain service for block	LABORATORY: All labs will be completed using Anesthesia Guidelines. Any orders checked below will be completed on Admission Day of Surgery, in addition to prior lab testing required by the Anesthesia Guidelines. Basic metabolic panel CMP		
PT CARE/ACTIVITY: Hibiclens scrub Hair clipping pre-procedure in Surgical Center as indicated. Site	☐ CBC with diff. ☐ CBC without diff. ☐ Protime (with INR) ☐ PTT ☐ Urinalysis ☐ UA culture if indicated		
Chlorhexidine cloth (CHG) skin cleansing pre-procedure Site	☐ Lytes ☐ Blood type, ABO/Rh typing ☐ TYPE AND SCREEN: PRBC's number of units		
TEDs: ☐ Knee high ☐ Thigh high Pneumatic compression device. Knee high bilaterally. Comments: For surgical cases lasting greater than 60 minutes and/or high risk patients as defined by Anesthesia Guidelines.	Hemoglobin A1c level POC pregnancy test urine (SH Grand Rapids) Pregnancy qualitative urine (Other locations)		
NOTE: If your patient does not meet the Spectrum Health criteria above and you still want them placed, SCD's must be ordered below.	E: If your patient does not meet the Spectrum Health criteria bove and you still want them placed, SCD's must be ordered elow. POC GLUCOSE TESTING: For all patients with known diabetes Obtain Glucose POC once, then every 2 hours		
Pneumatic Compression Device: ☐ Knee high, bilaterally ☐ Knee High, right leg	NOTIFY: Anesthesia, if blood glucose is greater than 180 or less than 70		
☐ Knee high, left leg ☑ Protocol - pre-procedure anesthesia orders: Pre-procedure - May initiate pre-operative anesthesia orders (include laboratory and	RADIOLOGY: ☐ DR chest single view ☐ Chest PA/lateral		

Patient Name
DOB
MRN
Physician

CSN

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _

CONTINUED ON PAGE 2 →

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		
TIME	DATE	TIME	DATE	TIME	DATE	Pager #
	Sign		R.N. Sign		Physician Print	Physician

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CARDIOTHORACIC PRE-SCHEDULED SURGERY - PRE-PROCEDUR (CONTINUED)

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DIAGNOSTICS:	MEDICATIONS: (CONTINUED)		
☐ Electrocardiogram (ECG)	RESPIRATORY:		
☐ TEE intra-procedure	☐ Incentive spirometer		
IV SOLUTIONS:	BETA BLOCKER: Patient already on a beta blocker Metoprolol (Lopressor) 25 mg PO once. Hold if systolic BP is less than 100 mm Hg and HR is less than 60 BPM, or if patient reports taking their home beta blocker within the last 24 hours Beta blocker NOT ordered due to		
☐ Cefazolin 2 grams IV, if patient is less than 120 kg administered	INTRA-PROCEDURE INFUSIONS:		
per anesthesia Cefazolin 3 grams IV, if patient is greater than or equal to 120 kg administered per anesthesia	☐ Milrinone IV continuous infusion (Std Conc 200 mcg/mL) 20 mg, premix 5% dextrose solution/100 mL Procedural; starting rate 0.5 mcg/kg/minute. Initiate per anesthesia; Initiate per anesthesia		
PENICILLIN (PCN) ALLERGY:	in procedural area.		
FOR IMMEDIATE TYPE PCN ALLERGY, CURRENT OR HISTORY OF MRSA COLONIZATION, MRSA RISK FACTORS: [residence in long- term healthcare facility (not assisted living), HD patient, tracheostomy or gastrostomy tube, chronic decubitus ulcer or wound, long term vascular access]:	 □ Norepinephrine IV continuous infusion (Std Conc 16 mcg/m 4mg, 0.9% sodium chloride 250 mL Procedural; starting rat 0.05 mcg/kg per minute. Initiate per anesthesia; Initiate per anesthesia in procedural area. □ humuLIN R IV continuous infusion (Std Conc 1 unit/mL) 100 0.9% sodium chloride 100 mL Procedural; starting rate 		
 Vancomycin (start administration within 120 minutes before skin incision): 1 gram IV, if patient is less than 70 kg administered per anesthesia 1.5 grams IV, if patient is 70-100 kg administered per anesthesia 2 grams IV, if patient is greater than 100 kg administered per anesthesia 	1 unit/hour. Initiate per anesthesia; Initiate per anesthesia in procedural area. Aminocaproic Acid IV continuous infusion (Std Conc 40 mg/mL) 10 gm aminocaproic acid, 0.9% sodium chloride 250mL Procedural; starting rate 2 grams/hour. Initiate per anesthesia in procedural area. OTHER MEDICATIONS:		
FOR IMMEDIATE TYPE PENICILLIN ALLERGY WHEN VANCOMYCIN IS NOT PREFERRED:	☐ Chlorhexidine oral rinse peridex 0.12% 15 mL unit dose. Swish/gargle/spit one hour prior to operating room. OTHER:		
☐ Clindamycin 900 mg IV per anesthesia	NOTE: • For any additional orders: handwrite clearly or type below.		
INTERCOSTAL BLOCK SPECIFIC MEDICATIONS: Use of Exparel is restricted to Intercostal blocks done by trained cardiothoracic providers. Bupivacaine liposome (EXPAREL) 1.3% injection, 266 mg infiltration administered intra-operative	Must check the box for order to be processed.		
VTE PROPHYLAXIS (PHARMACOLOGIC):			
Enoxaparin 40 mg subQ upon arrival **NOTE:* If spinal or epidural anesthesia, or peripheral nerve block are planned, DO NOT use enoxaparin. Use subQ heparin instead. Heparin 5000 unit(s) subQ upon arrival	NOTE: • If there is a frequent order that needs to be added to your form contact Grand Rapids Spectrum Health Surgical Pre-procedure Planning Manager or Surgical Nurse Manager.		
Telephone order/Verbal order documented and read-back completed. Practitio NOTE: Unless Order is written DAW (dispense as written), medication may be s TRANSCRIBED: VALIDATED:			
TIME DATE TIME DATE	TIME DATE Pager #		

Patient Name

DOB MRN Physician

CSN



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Physician Print

R.N. Sign

Sign