

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION  
 DO NOT USE ABBREVIATIONS**

DOCTORS ORDERS OPEN HEART SURGERY – PREOPERATIVE ORDERS	CHECK OFF/ INITIALS
<b>Admit:</b>	
Place on Open Heart Clinical Pathway for Surgery on <i>(date)</i> _____	
Old records available <input type="checkbox"/> In OR	
<b>Consents:</b>	
Coronary Artery Bypass and / or _____	
Blood and Blood Products	
<b>Consults:</b>	
Anesthesia	
Care Manager for pre-op education, care coordination and discharge planning	
<b>Diagnostics:</b>	
<input type="checkbox"/> MRSA Screen (Bilateral Nares)	
<input type="checkbox"/> CBC and Platelets <i>(if not completed and normal within 14 days)</i>	
<input type="checkbox"/> BMP <i>(if not completed and normal within 14 days)</i>	
<input type="checkbox"/> Hgb A1C	
<input type="checkbox"/> UA	
<input type="checkbox"/> PT / APTT	
<input type="checkbox"/> Type and Crossmatch for _____ units	
<input type="checkbox"/> PLT Platelet pheresis, leuko-reduced _____ units (1 pheresed = 6 concentrated)	
<input type="checkbox"/> FFP _____ units	
<input type="checkbox"/> Cryo _____ units	
<input type="checkbox"/> PA / Lateral chest x-ray for pre-op evaluation <i>(do not repeat if done within 3 months)</i>	
<input type="checkbox"/> X-ray film required in OR	
<input type="checkbox"/> EKG <i>(do not repeat if done in past 30 days)</i>	
<input type="checkbox"/> Send film to OR from Cath Lab (all previous cath films)	
<input type="checkbox"/> ABG's	
<input type="checkbox"/> PFT's	
<b>Medications:</b>	
Cefazolin (Ancef®) 1 gram Intravenous prior to surgical incision in OR followed by	
Cefazolin (Ancef®) 1 gram Intravenous at completion of surgery. (If allergy to Penicillin or Cephalosporin, use Vancomycin(Vancocin®))	

<b>DOCTORS ORDERS</b>	<b>CHECK OFF/ INITIALS</b>				
<b>OPEN HEART SURGERY – PREOPERATIVE ORDERS</b>					
Use Vancomycin (Vancocin®) _____ infuse intravenously over 1 hour, to be completely infused 30 minutes prior to surgery					
Beta Blocker per surgeon within 24 hours of surgery:					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">Med</td> <td style="width:25%; border-bottom: 1px solid black;">Dosage</td> <td style="width:25%; border-bottom: 1px solid black;">Frequency</td> <td style="width:25%; border-bottom: 1px solid black;">Rate</td> </tr> </table>	Med	Dosage	Frequency	Rate	
Med	Dosage	Frequency	Rate		
Contraindicated reasons for not prescribing Beta Blocker:					
<input type="checkbox"/> Allergy or intolerance <input type="checkbox"/> Other reasons, explain _____					
Diabetic medications per surgeon					
Sleep medication per surgeon					
Pre-op and cardiac meds per anesthesia:					
Discontinue Clopidogrel (Plavix®), Aspirin /Dipyridamole Extended-Release (Aggrenox®), if applicable.					
Additional Medications:					
<b>Intravenous:</b>					
For inpatient, have Saline lock or Intravenous Fluids 0.9% Sodium Chloride (Normal Saline) at 30 mL/hour (have 16 gauge inserted)					
<b>Diet:</b>					
Pre-op evening meal, nothing by mouth after midnight					
<b>Activity:</b>					
Up ad lib unless contraindicated. Bed rest after pre-op meds					
<b>Treatments:</b>					
Incentive Spirometry teaching per Respiratory Therapy					
Vital Signs per unit protocol					
Actual height and weight morning of surgery. Record on surgical checklist					
Chlorhexidine (Hibiclens®) shower/bed bath evening before surgery (total body from neck down)					
Shave prep with clippers morning of surgery followed by Chlorhexidine (Hibiclens®) bed bath (Call surgical scrub assistant for all patients outside of CVU)					

<b>Physician/Date/Time:</b>	<b>Nurse/Date/Time:</b>	<b>Secretary/Date/Time:</b>
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**Full page of orders requires only one physician, one nurse and one clerical signature**

Original to Patient's Chart

Fax to Pharmacy

