

Left Ventricular Assist Device and Total Artificial Heart Evaluation [2084]

General

Nursing

IV Fluids

Medications

VTE

Labs

Laboratory

<input type="checkbox"/> CBC with platelet and differential	Once
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input type="checkbox"/> Magnesium level	Once
<input type="checkbox"/> Phosphorus level	Once
<input type="checkbox"/> Lactate dehydrogenase, LDH	Once
<input type="checkbox"/> Prealbumin	Once
<input type="checkbox"/> Hemoglobin A1c	Once
<input type="checkbox"/> TSH	Once
<input type="checkbox"/> HIV 1, 2 antibody	Once
<input type="checkbox"/> Hepatitis panel, acute	Once
<input type="checkbox"/> Hepatitis B surface antibody	Once
<input type="checkbox"/> Hepatitis B core antibody, total	Once
<input type="checkbox"/> Hepatitis A antibody, total	Once
<input type="checkbox"/> Cytomegalovirus antibody, IgG	Once
<input type="checkbox"/> Syphilis treponemal IgG	Once
<input type="checkbox"/> Creatinine clearance, urine, 24 hour	Once
<input type="checkbox"/> Prostate specific antigen	Once If male

Coagulopathy Studies

<input type="checkbox"/> Prothrombin time with INR	Once
<input type="checkbox"/> Partial thromboplastin time	Once
<input type="checkbox"/> Thrombin time	Once
<input type="checkbox"/> Thromboelastograph	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result):
<input type="checkbox"/> Fibrinogen	Once
<input type="checkbox"/> D-dimer	Once
<input type="checkbox"/> Platelet mapping	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result):
<input type="checkbox"/> Platelet function analysis	Once
<input type="checkbox"/> Heparin PF4 antibody (IgG)	Once If on heparin and low platelets (decreased by 50 percent or less than 150)

Microbiology

<input type="checkbox"/> Blood culture x 2	"And" Linked Panel
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[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect STAT before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used.
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect STAT before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used.
[] Sputum culture	Once, Sputum
[] Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:

Blood Bank

[] Type and screen	Once
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CT

[] CT Chest W Abdomen W Pelvis W Contrast (Omnipaque)	"And" Linked Panel
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For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

[] CT Chest W Contrast Abdomen W Contrast Pelvis W Contrast	Routine, 1 time imaging For 1 Pre-transplant/VAD evaluation; If creatinine less than or equal to 1.5
[] iohexol (OMNIPACQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
[] CT Chest WO Abdomen WO Pelvis WO Contrast (Omnipaque)	"And" Linked Panel

For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

[] CT Chest Wo Contrast Abdomen Wo Contrast Pelvis Wo Contrast	Routine, 1 time imaging For 1
[] iohexol (OMNIPACQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
[] CV CT cardiac calcium scoring	Routine, 1 time imaging, Pre-op

X-Ray

[] Chest 2 Vw	Routine, 1 time imaging For 1
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US

[] Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging With pulmonary arterial pressures
[] PV carotid duplex	Routine, 1 time imaging Bilateral; if history of coronary artery disease or age 40 years or older
[] PV physiologic arterial lower ext bilat complete w abi	Routine, 1 time imaging
[] CV pacemaker defib or ilr interrogation	Routine, Once If patient has AICD or PPM, interrogate AICD/PPM

Cardiology

Cardiology

[] ECG 12 lead	Routine, Once Clinical Indications: Interpreting Physician: Pre-transplant/VAD evaluation.
[] CV pacemaker defib or ilr interrogation	Routine, Once

Imaging

Other Studies

Respiratory

Respiratory

<input type="checkbox"/> Spirometry	Routine, Once
<input type="checkbox"/> Spirometry pre & post w/ bronchodilator	Routine, Once
<input type="checkbox"/> Respiratory muscle force	Routine, Once
<input type="checkbox"/> Lung volumes	Routine, Once
<input type="checkbox"/> Diffusion capacity	Routine, Once
<input type="checkbox"/> Vital capacity test	Routine, Once
<input type="checkbox"/> Cardiopulmonary stress exercise	Routine, Once Protocol: Mixed Venous Oxygenation (MVO2)
<input type="checkbox"/> Six minute walk w/ pulse oximetry	Routine, Once
<input type="checkbox"/> Arterial blood gas	STAT For 1 Occurrences

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? MD order Diet Consult initiate inpatient VAD Nutrition Protocol
<input type="checkbox"/> Consult to Transplant Social Work	Reason for Consult? Transplant Psychosocial Evaluation Organ Transplant: Heart
<input type="checkbox"/> Consult to Transplant Financial Services	Reason for Consult? Organ Transplant:
<input type="checkbox"/> Consult to Biomedical Ethics	Reason for Consult? Enter call back number:
<input type="checkbox"/> Consult to Palliative Care	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:

Additional Orders