

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

### Microbiology

|                          |                   |                           |
|--------------------------|-------------------|---------------------------|
| <input type="checkbox"/> | Blood culture x 2 | <b>"And" Linked Panel</b> |
|--------------------------|-------------------|---------------------------|

|   |   |
|---|---|
| <input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)                      | Once, Blood<br>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. |
| <input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)                      | Once, Blood<br>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. |
| <input type="checkbox"/> Sputum culture   | Once, Sputum  |
| <input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture | Once<br>Specimen Source: Urine<br>Specimen Site:  |

### Blood Bank

|  |      |
|--|------|
| <input type="checkbox"/> Type and screen | Once |
|--|------|

### CT

|  |  |
|--|--|
| <input type="checkbox"/> CT Chest W Abdomen W Pelvis W Contrast (Omnipaque)          | <b>"And" Linked Panel</b><br>For those with iodine allergies, please order the panel with Read-Cat (barium sulfate). |
| <input type="checkbox"/> CT Chest W Contrast Abdomen W Contrast Pelvis W Contrast    | Routine, 1 time imaging For 1<br>Pre-transplant/VAD evaluation; If creatinine less than or equal to 1.5              |
| <input type="checkbox"/> iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution          | 30 mL, oral, once  |
| <input type="checkbox"/> CT Chest WO Abdomen WO Pelvis WO Contrast (Omnipaque)       | <b>"And" Linked Panel</b><br>For those with iodine allergies, please order the panel with Read-Cat (barium sulfate). |
| <input type="checkbox"/> CT Chest Wo Contrast Abdomen Wo Contrast Pelvis Wo Contrast | Routine, 1 time imaging For 1  |
| <input type="checkbox"/> iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution          | 30 mL, oral, once  |
| <input type="checkbox"/> CV CT cardiac calcium scoring                               | Routine, 1 time imaging, Pre-op  |

### X-Ray

|                                     |                               |
|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Chest 2 Vw | Routine, 1 time imaging For 1 |
|-------------------------------------|-------------------------------|

### US

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

## Cardiology

### Cardiology

|  |   |
|--|---|
| <input type="checkbox"/> ECG 12 lead                             | Routine, Once<br>Clinical Indications:<br>Interpreting Physician:<br>Pre-transplant/VAD evaluation. |
| <input type="checkbox"/> 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<br>Protocol:<br>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<br>initiate inpatient VAD Nutrition Protocol               |
| <input type="checkbox"/> | Consult to Transplant Social Work        | Reason for Consult? Transplant Psychosocial Evaluation<br>Organ Transplant: Heart                    |
| <input type="checkbox"/> | Consult to Transplant Financial Services | Reason for Consult?<br>Organ Transplant:   |
| <input type="checkbox"/> | Consult to Biomedical Ethics             | Reason for Consult?<br>Enter call back number:   |
| <input type="checkbox"/> | Consult to Palliative Care               | Priority:<br>Reason for Consult?<br>Order?<br>Name of referring provider:<br>Enter call back number: |

## Additional Orders