

## General

## Nursing

## Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 2 hours Every 2 hours for 8 hours, then every 4 hours for 48 hours, then per unit standards
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## Activity

<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated
<input checked="" type="checkbox"/> Activity (specify)	Routine, 3 times daily Specify: Out of bed, Up in chair Additional modifier: for meals
<input checked="" type="checkbox"/> Ambulate with assistance	Routine, 4 times daily Specify: with assistance
<input checked="" type="checkbox"/> Patient may shower	Routine, Daily Specify: Additional modifier: Shower in am: For patients with pacer wires, cover wires with occlusive waterproof dressing prior to shower. Cover central line
<input type="checkbox"/> Bed rest	Routine, Until discontinued, Starting S Bathroom Privileges:

## Nursing

<input checked="" type="checkbox"/> Telemetry	<b>"And" Linked Panel</b>
<input checked="" type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Post cardiac surgery Can be off of Telemetry for tests and baths? Yes
<input checked="" type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
<input checked="" type="checkbox"/> Daily weights	Routine, Daily
<input type="checkbox"/> Intake and output	Routine, Every shift
<input checked="" type="checkbox"/> Assess operative site	Routine, Every 8 hours Care of incision site per CV protocol
<input checked="" type="checkbox"/> Site care	Routine, Per unit protocol Site: Care of epicardial wire site and wire insulation per CV protocol
<input checked="" type="checkbox"/> Saline lock IV	Routine, Continuous
<input type="checkbox"/> Foley catheter - discontinue	Routine, Once If present 1) Remove Foley cath POD 1 or POD 2; 2) Document reason for not removing foley (Must be documented on POD 1 or POD 2)
<input type="checkbox"/> Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders:

<input type="checkbox"/> Chest tube to continuous suction	Routine, Until discontinued, Starting S Level of suction: 20 cm H2O
<input type="checkbox"/> Tube site care	Routine, Every 8 hours Chest tube per CV protocol
<input type="checkbox"/> Discontinue pacemaker generator and insulate pacer wires	Routine, Until discontinued, Starting S

### Notify

<input checked="" type="checkbox"/> Notify Physician - Consultants and resident of patient's location	Routine, Once For 1 Occurrences, Consultants and resident of patient location
<input checked="" type="checkbox"/> Notify - Physician Assistant and/or nurse practitioner of patient's location	Routine, Once For 1 Occurrences, Physician Assistant and/or nurse practitioner of patient location
<input type="checkbox"/> Notify Physician - NP - PA If potassium level is less than 3.6 milliEquivalents per Liter or greater than 5.0 milliEquivalents per Liter.	Routine, Once For 1 Occurrences, NP - PA If potassium level is less than 3.6 milliEquivalents per Liter or greater than 5.0 milliEquivalents per Liter.

### Diet

<input checked="" type="checkbox"/> Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - Renal (80gm Pro, 2-3gm Na, 2-3gm K)	Diet effective now, Starting S Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - 1800 Carb Control Diabetic	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:

## IV Fluids

## Medications

### ACE Inhibitors (Single Response)

<input type="checkbox"/> lisinopril (PRINIVIL,ZESTRIL) tablet	10 mg, oral, daily HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> enalapril (VASOTEC) tablet	5 mg, oral, daily HOLD parameters for this order: Contact Physician if:

### Anti-platelet

<input type="checkbox"/> clopidogrel (PLAVIX) tablet	75 mg, oral, daily
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily

### Beta-Blocker (Single Response)

<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800 DO NOT administer if heart rate is LESS than 60 or systolic blood pressure is LESS than 100; HOLD parameters for this order: Hold Parameters requested HOLD for: Other Please specify: 100 mmHg HOLD for Heart Rate LESS than: Other Please specify: 60 bpm Contact Physician if:
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<input type="checkbox"/> carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily DO NOT administer if heart rate is LESS than 60; systolic blood pressure is LESS than 100 HOLD parameters for this order: Hold Parameters requested HOLD for: Other Contact Physician if:
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**Diuretics**

<input checked="" type="checkbox"/> furosemide (LASIX) tablet	40 mg, oral, daily, Post-op
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**Statin (Single Response)**

<input type="checkbox"/> simvastatin (ZOCOR) tablet	40 mg, oral, nightly
<input type="checkbox"/> atorvastatin (LIPITOR) tablet	40 mg, oral, nightly

**Multimodal Pain Management**

<input checked="" type="checkbox"/> pregabalin (LYRICA) capsule	100 mg, oral, 2 times daily
<input checked="" type="checkbox"/> traMADol (ULTRAM) tablet	50 mg, oral, every 4 hours PRN, moderate pain (score 4-6)
<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 6 hours PRN, moderate pain (score 4-6) May alternate with Ibuprofen 600mg oral every 3 hours. Total Tylenol/ acetaminophen dose (which includes, IV, PO or combination i.e. Norco, APAP etc) should not exceed 3 g/d and 2 g/d in case of cirrhotic patients.
<input checked="" type="checkbox"/> ibuprofen (ADVIL,MOTRIN) tablet	600 mg, oral, every 6 hours PRN, moderate pain (score 4-6) May alternate with Tylenol 1000 mg every 3 hours.

**VTE**

**Labs**

**Laboratory Tomorrow AM**

<input type="checkbox"/> Basic metabolic panel	AM draw, Starting S+1 For 1 Occurrences
<input type="checkbox"/> CBC hemogram	AM draw, Starting S+1 For 1 Occurrences
<input type="checkbox"/> Magnesium level	AM draw, Starting S+1 For 1 Occurrences
<input type="checkbox"/> Ionized calcium	AM draw, Starting S+1 For 1 Occurrences
<input type="checkbox"/> Phosphorus level	AM draw, Starting S+1 For 1 Occurrences

**Imaging**

**X-Ray**

<input checked="" type="checkbox"/> XR Chest 2 Vw	Routine, 1 time imaging For 1
<input type="checkbox"/> Chest 1 Vw Portable	Routine, 1 time imaging For 1 Occurrences
<input type="checkbox"/> XR Chest 1 Vw	STAT, Conditional Frequency For 1 Occurrences

**Other Studies**

**Respiratory**

**Respiratory Therapy**

<input checked="" type="checkbox"/> Encourage deep breathing and coughing	Routine, Every hour For 999 Occurrences
<input checked="" type="checkbox"/> Incentive spirometry	Routine, As directed 10 (ten) times every hour while awake

Positive Expiratory Pressure (PEP) Device

Routine, As directed  
twenty (20) times every hour while awake

Oxygen therapy

Routine, Continuous  
Device 1:  
Device 2:  
Device 3:  
Titrate to keep O2 Sat Above:  
Indications for O2 therapy:  
Try weaning patient daily

## Additional Orders