

## Cardiac Surgery Pre-Op Inpatient [1863]

The Cardiac Surgery Pre-Op Inpatient order set is for patients currently admitted to the hospital. If placing pre-op orders for outpatients/PAT, please use the Cardiac Surgery Pre-Op Outpatient (Ambulatory) order set.

### General

#### Case Request (Single Response)

<input type="checkbox"/> LOBECTOMY, LUNG, ROBOT-ASSISTED, THORACOSCOPIC	Procedure: LOBECTOMY, LUNG, ROBOT-ASSISTED, THORACOSCOPIC, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> LOBECTOMY, USING VATS	Procedure: LOBECTOMY, USING VATS, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> EXPLORATION, CHEST, FOR POSTOPERATIVE COMPLICATION	Procedure: EXPLORATION, CHEST, FOR POSTOPERATIVE COMPLICATION, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> BRONCHOSCOPY	Procedure: BRONCHOSCOPY, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> BRONCHOSCOPY, USING ELECTROMAGNETIC NAVIGATION	Procedure: BRONCHOSCOPY, USING ELECTROMAGNETIC NAVIGATION, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> THORACOTOMY	Procedure: THORACOTOMY, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> THORACOSCOPY	Procedure: THORACOSCOPY, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> PLEURODESIS, THORACOSCOPIC	Procedure: PLEURODESIS, THORACOSCOPIC, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> DEBRIDEMENT, STERNUM	Procedure: DEBRIDEMENT, STERNUM, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> MYOTOMY, ESOPHAGUS, PERORAL, ENDOSCOPIC	Procedure: MYOTOMY, ESOPHAGUS, PERORAL, ENDOSCOPIC, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> Case request operating room	Scheduling/ADT, Scheduling/ADT

#### Planned ICU Admission Post-Operatively (Admit to Inpatient Order) (Single Response)

Patients who are having an Inpatient Only Procedure as determined by CMS and patients with prior authorization for Inpatient Care may have an Admit to Inpatient order written pre-operatively.

<input type="checkbox"/> Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Pre-op
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### Nursing

#### Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP (per unit protocol)	Routine, Per unit protocol, Pre-op
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#### Telemetry Order

<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: Chest pain syndrome Can be off of Telemetry for tests and baths? Yes Pre-op

[X] 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  
Pre-op

**Activity**

[X] Activity as tolerated

Routine, Until discontinued, Starting S  
Specify: Activity as tolerated  
Pre-op

[ ] Ambulate

Routine, 3 times daily  
Specify:  
Pre-op

[ ] Bed rest

Routine, Until discontinued, Starting S  
Bathroom Privileges:  
Pre-op

[ ] Out of bed

Routine, Until discontinued, Starting S  
Specify: Out of bed  
Pre-op

**Nursing Care**

[X] Intake and output

Routine, Every shift, Pre-op

[X] Height and weight

Routine, Once For 1 Occurrences, Pre-op

[X] 5M walk test/frailty test

Routine, Once  
Complete 5 meter gait speed test, Pre-op

[ ] Initiate and maintain IV

[ ] Insert peripheral IV

Routine, Once

[ ] sodium chloride 0.9 % flush

10 mL, intravenous, every 12 hours scheduled

[ ] sodium chloride 0.9 % flush

10 mL, intravenous, PRN, line care

[ ] Provide equipment / supplies at bedside

Routine, Once  
Supplies: Other (specify)  
Other: Clippers  
Clip and prep, Pre-op

[ ] Obtain medical records

Routine, Once  
Specify From:  
Obtain records of previous admissions and send to operating room with patient , Pre-op

[ ] Obtain medical records

Routine, Once  
Specify From:  
Please send cath film and ECHO to \*\*\* for uploading. ,  
Pre-op

**Diet**

[ ] NPO

Diet effective now, Starting S  
NPO:  
Pre-Operative fasting options:  
Pre-op

[ ] NPO-except meds

Diet effective now, Starting S  
NPO: Except meds  
Pre-Operative fasting options:  
Pre-op

[ ] NPO-after midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: Pre-op
[ ] Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Pre-op

**Education**

[X] Patient education-PreOp Cardiovascular Surgery teaching	Routine, Once Patient/Family: Education for: Other (specify) Specify: PreOp Cardiovascular Surgery teaching 1. No Smoking 2. Before surgery, walk 15-20 minutes daily. 3. Before surgery, you will learn how to perform coughing and deep breathing exercises using an incentive spirometer (IS), a tool used to help strengthen your breathing. These exercises lower the risk of lung complications after surgery. Repeat 10 times per hour while awake. 4. Bathe or shower the night before your surgery using Hibiclens soap that was provided to you to help prevent surgical site infection. Bathe or shower the morning of your surgery using Hibiclens soap. 5. After surgery, you will be moved to the intensive care unit (ICU) with a breathing tube, chest tubes and urine catheter. The breathing tube is safely removed as soon as possible. 6. After surgery, your care team will determine when you are able to sit ("dangle") on the side of the bed. Once your blood pressure, heart rate and blood circulation are stable, you will progress to sitting in a chair. Later expectations are to sit in chair for all meals and walk 4 times daily as tolerated. 7. After surgery, you will learn how to perform coughing and deep breathing exercises using an incentive spirometer (IS), a tool used to help strengthen your breathing. These exercises lower the risk of lung complications after surgery. Repeat 10 times per hour while awake. 8. After surgery, you will start out by sucking on ice chips, then advanced to drinking limited fluids. You may begin a heart healthy/low sodium diet. 9. After surgery, you will begin cardiac rehabilitation in the hospital. After you are discharge and when it is safe to participate, your physician will refer you to cardiac rehabilitation phase II. Cardiac rehab uses exercise training and lifestyle changes to optimize your physical, psychological and social functioning., Pre-op
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[ ] Tobacco cessation education	Routine, Once Per STS Adult Cardiac Surgery - Tobacco cessation should be provided to tobacco users within a year of surgery (tobacco usage with 1 year of surgery). Tobacco cessation education documentation consist of the following: Brief counseling of 3 minutes or less (documentation of minimal and intensive advice/counseling interventions conducted both in person and over the phone), AND/OR pharmacotherapy (documentation of a prescription given to patient for tobacco cessation), Pre-op
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**Consents**

<input type="checkbox"/> Complete consent for	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Pre-op
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## Perfusion

### Cell Saver

<input type="checkbox"/> Cell saver	Routine, Until discontinued, Starting S
<input type="checkbox"/> Platelet sequestration	Routine, Until discontinued, Starting S

### Cell Saver Medications

<input type="checkbox"/> sodium chloride 0.9 % bolus	1,000 mL, perfusion, for 15 Minutes, PRN, Cell Saver, Intra-op
<input type="checkbox"/> anticoagulant citrate dextrose (ACD) irrigation	1,000 mL, perfusion, PRN, Cell Saver, Intra-op
<input type="checkbox"/> sodium chloride 0.9 % 1,000 mL with HEParin (porcine) 5,000 Units cell saver perfusion	1,000 mL, perfusion, PRN, Heparinized saline for cell saver, Intra-op

## IV Fluids

### IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> lactated Ringer's infusion	75 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, Pre-op

## Medications

### Surgical Prep Medications

<input checked="" type="checkbox"/> Surgical Prep - chlorhexidine (HIBICLENS) 4% Surgical Scrub and chlorhexidine (PERIDEX) 0.12 % oral solution	
<input checked="" type="checkbox"/> Night Prior to and Morning of Surgery - For Patients Who Can Shower ONLY - chlorhexidine (HIBICLENS) 4 % liquid	Topical, 2 times daily, Pre-op Please supply and instruct patient. Chlorhexidine bath/shower the night prior to surgery and the morning of surgery.
<input type="checkbox"/> Night Prior to and Morning of Surgery - chlorhexidine (PERIDEX) 0.12 % oral solution	5 mL, Mouth/Throat, 2 times daily, Pre-op Night prior to and morning of surgery: Swish and Spit as directed.
<input checked="" type="checkbox"/> Oral Decolonization	
<input checked="" type="checkbox"/> Night Prior to and Morning of Surgery - chlorhexidine (PERIDEX) 0.12 % oral solution	5 mL, Mouth/Throat, 2 times daily, For 2 Doses, Pre-op Pre-op Night prior to and morning of surgery: Swish and Spit as directed.
<input checked="" type="checkbox"/> Pre-op Prior to Surgery (AOD), Chlorhexidine (PERIDEX) 0.12 % oral solution	5 mL, Mouth/Throat, once, For 1 Doses, Pre-op Pre-op prior to surgery (AOD), Swish and Spit as directed.
<input checked="" type="checkbox"/> Nasal Decolonization (Single Response) (Selection Required)	
<input checked="" type="checkbox"/> povidone-iodine (3M SKIN AND NASAL ANTISEPTIC) 0.5% NASAL swab	4 Swab, nasal, once, For 1 Doses, Pre-op Prior to Surgery (AOD): Insert swab into one nostril for 30 seconds. Using a new swab, repeat with the other nostril. Repeat the application in both nostrils using new swabs. Patient instructed not to blow nose, may dab any drainage with tissue.
<input type="checkbox"/> IODINE ALLERGY ONLY: mupirocin (BACTROBAN) 2 % ointment	1 application, nasal, once, For 1 Doses, Pre-op Prior to Surgery: Apply to each nare. Patient instructed not to blow nose, may wipe any drainage with tissue.

<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet	12.5 mg, oral, once, For 1 Doses, Pre-op HOLD parameters for this order: Hold Parameters requested HOLD for: HOLD for Heart Rate LESS than: 50 bpm Contact Physician if:
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**PreOp Antibiotics: For Patients GREATER than 120 kg (Single Response)**

<input checked="" type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> If Beta-Lactam Allergic: vancomycin + levofloxacin (LEVAQUIN) IV	<b>"And" Linked Panel</b>
<input type="checkbox"/> vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV - For Patients GREATER than 120 kg	<b>"And" Linked Panel</b>
<input type="checkbox"/> ceFAZolin (ANCEF) IV	3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis

**PreOp Antibiotics: For Patients LESS than or EQUAL to 120 kg (Single Response)**

<input checked="" type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> If Beta-Lactam Allergic: vancomycin + levofloxacin (LEVAQUIN) IV	<b>"And" Linked Panel</b>
<input type="checkbox"/> vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV - For Patients LESS than or EQUAL to 120 kg	<b>"And" Linked Panel</b>
<input type="checkbox"/> ceFAZolin (ANCEF) IV	2 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis

**IntraOp Antibiotics: For Patients GREATER than 120 kg (Single Response)**

<input checked="" type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, every 4 hours, Intra-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
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<input type="checkbox"/> If MRSA Suspected - vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Intra-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
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**IntraOp Antibiotics: For Patients LESS than or EQUAL to 120 kg (Single Response)**

<input checked="" type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, every 4 hours, Intra-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
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<input type="checkbox"/> If MRSA Suspected - vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Intra-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
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**Labs**

**COVID-19 Qualitative PCR**

<input type="checkbox"/> COVID-19 qualitative PCR - Nasopharyngeal swab	STAT For 1 Occurrences Specimen Source: Nasopharyngeal Swab Is this for pre-procedure or non-PUI assessment? Yes Pre-op
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**Laboratory**

<input checked="" type="checkbox"/> CBC with platelet and differential	Once, Pre-op
<input checked="" type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input checked="" type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input checked="" type="checkbox"/> Partial thromboplastin time, activated	Once, Pre-op
<input checked="" type="checkbox"/> Hemoglobin A1c	Once, Pre-op
<input checked="" type="checkbox"/> Magnesium level	Once, Pre-op
<input checked="" type="checkbox"/> Lipid panel	Once, Pre-op
<input checked="" type="checkbox"/> Hepatic function panel	Once, Pre-op
<input checked="" type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Pre-op
<input type="checkbox"/> CBC hemogram	Once, Pre-op
<input type="checkbox"/> Electrolytes (Chem4)	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> Platelet function analysis	Once, Pre-op
<input type="checkbox"/> Platelet function P2Y12	Once, Pre-op
<input type="checkbox"/> Platelet mapping	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): Pre-op
<input type="checkbox"/> Thromboelastograph	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): Pre-op
<input type="checkbox"/> Thyroid stimulating hormone	Once, Pre-op
<input type="checkbox"/> Iron level	Once, Pre-op
<input type="checkbox"/> Ferritin level	Once, Pre-op
<input type="checkbox"/> Ionized calcium	Once, Pre-op
<input type="checkbox"/> Vitamin B12 level	Once, Pre-op
<input type="checkbox"/> hCG qualitative, serum screen	Once, Pre-op
<input type="checkbox"/> POC pregnancy, urine	Once, Pre-op
<input type="checkbox"/> MRSA screen culture	Once, Nares, Pre-op
<input type="checkbox"/> Blood gas, arterial	Once For 1 Occurrences If indicated for heavy smoker, COPD, Pre-op

## Cardiology

### Cardiology

<input checked="" type="checkbox"/> ECG Pre/Post Op	Routine, Once For 1 Occurrences Clinical Indications: Pre-Op Clearance Interpreting Physician: Pre-op
<input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging, Pre-op

## Imaging

### Diagnostic X-Ray

<input checked="" type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging For 1 Occurrences, Pre-op
<input type="checkbox"/> Chest 1 Vw	Routine, 1 time imaging For 1 Occurrences, Pre-op

### Diagnostic Ultrasound

<input type="checkbox"/> Us carotid duplex	Routine, 1 time imaging, Starting S For 1 Occurrences, Pre-op
<input type="checkbox"/> Us vein mapping lower extremity	Routine, 1 time imaging, Starting S For 1 Occurrences, Pre-op

## Respiratory

### Respiratory Therapy

<input checked="" type="checkbox"/> Incentive spirometry	Routine, Once Establish baseline. Please supply and instruct how to use incentive spirometer and instruct to practice 10 times every hour while awake before surgery., Pre-op
<input type="checkbox"/> Six minute walk w/ pulse oximetry	Routine, Once, Pre-op
<input type="checkbox"/> Spirometry pre & post w/ bronchodilator, diffusion, lung volumes	Routine, Once, Pre-op

## Blood Products

### Lab Draw

<input checked="" type="checkbox"/> Type and screen	
<input checked="" type="checkbox"/> Type and screen	Once, Pre-op
<input checked="" type="checkbox"/> ABO and Rh confirmation	Once, Blood Bank Confirmation

### Blood Products

<input type="checkbox"/> Red Blood Cells	
<input type="checkbox"/> Prepare RBC	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/> Transfuse RBC	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
<input type="checkbox"/> Platelets	
<input type="checkbox"/> Prepare platelet pheresis	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/> Transfuse platelet pheresis	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood

Fresh Frozen Plasma

<input type="checkbox"/> Prepare fresh frozen plasma	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/> Transfuse fresh frozen plasma	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
<input type="checkbox"/> Cryoprecipitate	
<input type="checkbox"/> Prepare cryoprecipitate	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/> Transfuse cryoprecipitate	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood

## Consults

### CV Coordinator Consult

<input checked="" type="checkbox"/> Consult to CV Coordinator	Reason for consult: CABG/VALVE Surgery Pre-op
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