

Cardiac Surgery Pre-Op Outpatient (Ambulatory) [3683]

The Cardiac Surgery Pre-Op Outpatient (Ambulatory) order set is for outpatients: PAT and Day of Surgery orders. For patients currently admitted to the hospital, please use the Cardiac Surgery Pre-Op Inpatient order set.

Pre Anesthesia Testing Orders

Pre Anesthesia Testing Orders

The orders in this section are for Pre Anesthesia Testing. For additional PAT orders, please use 'Future Status' and 'Pre-Admission Testing' for the Phase of Care

<input checked="" type="checkbox"/> Type and Screen for PAT	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Type and screen	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input checked="" type="checkbox"/> Prepare Blood Products for PAT (Selection Required)	Routine, Status: Future, Expires: S+365, Clinic Collect Transfusion Indications: Transfusion date: Pre-Admission Testing
<input type="checkbox"/> Prepare cryoprecipitate	Routine, Status: Future, Expires: S+365, Clinic Collect Transfusion Indications: Transfusion date: Pre-Admission Testing
<input type="checkbox"/> Prepare fresh frozen plasma	Routine, Status: Future, Expires: S+365, Clinic Collect Transfusion Indications: Transfusion date: Pre-Admission Testing
<input type="checkbox"/> Prepare plateletpheresis	Routine, Status: Future, Expires: S+365, Clinic Collect Transfusion Indications: Transfusion date: Pre-Admission Testing
<input type="checkbox"/> Prepare RBC	Routine, Status: Future, Expires: S+365, Clinic Collect Transfusion Indications: Transfusion date: Pre-Admission Testing
<input checked="" type="checkbox"/> Laboratory for PAT	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input checked="" type="checkbox"/> CBC with platelet and differential	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input checked="" type="checkbox"/> Comprehensive metabolic panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input checked="" type="checkbox"/> Prothrombin time with INR	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input checked="" type="checkbox"/> Partial thromboplastin time	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input checked="" type="checkbox"/> Hemoglobin A1c	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input checked="" type="checkbox"/> Magnesium level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input checked="" type="checkbox"/> Lipid panel	Routine, Status: Future, Expires: S+365, Clinic Collect Has the patient been fasting for 8 hours or more? Pre-Admission Testing
<input checked="" type="checkbox"/> Hepatic function panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input checked="" type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+365, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/> CBC hemogram	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Electrolytes (Chem4)	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Basic metabolic panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Platelet function analysis	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

[] Platelet function P2Y12	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Platelet mapping	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Thromboelastograph	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Thyroid stimulating hormone	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Iron level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Ferritin level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Ionized calcium	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Vitamin B12 level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] hCG qualitative, serum screen	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] POC pregnancy, urine	Routine, Point Of Care, Pre-Admission Testing
[] MRSA screen culture	Routine, Status: Future, Expires: S+365, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
[] Arterial blood gas	Routine, Status: Future, Expires: S+365, Clinic Collect, Indicated for heavy smoker, COPD, Pre-Admission Testing
[X] Diagnostic X-Ray / Respiratory for PAT	
[X] XR Chest 2 Vw	Status: Future, Expires: S+365, Routine, Ancillary Performed, Pre-Admission Testing
[] XR Chest 1 Vw	Status: Future, Expires: S+365, Routine, Ancillary Performed, Pre-Admission Testing
[] Spirometry pre & post w/ bronchodilator, diffusion, lung volumes	Routine, Status: Future, Expires: S+365 Location: Encounter type?
[] Six minute walk w/ pulse oximetry	Routine, Status: Future, Expires: S+365 Location: Encounter type?
[X] Other Diagnostic Studies	
[X] ECG Pre/Post Op	Routine, Ancillary Performed, Status: Future, Expires: S+365, Pre-Admission Testing
[] Pv carotid duplex	Status: Future, Expires: S+365, Routine, Clinic Performed
[] Us vein mapping lower extremity	Status: Future, Expires: S+365, Routine, Clinic Performed

General

Case Request

[] 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.

() 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
------------------------	--

Nursing

Vital Signs

[X] Vital signs - T/P/R/BP (per unit protocol)	Routine, Per unit protocol, Pre-op
--	------------------------------------

Nursing Care

[X] 5M walk test/frailty test	Routine, Clinic Performed, Status: Future, Expires: S+181, Pre-Admission Testing, Complete 5 meter gait speed test
[X] Incentive spirometry	Routine, Clinic Performed, Status: Future, Expires: S+184, Pre-Admission Testing, Establish baseline. Please supply and instruct how to use incentive spirometer and instruct to practice 10 times every hour while awake before surgery.
[X] Height and weight	Routine, Once For 1 Occurrences, Pre-op
[X] chlorhexidine (HIBICLENS) 4% liquid	Routine, Clinic Performed, Status: Future, Expires: S+184, Pre-Admission Testing, Please supply and instruct patient. Chlorhexidine bath/shower the night before surgery and the morning of surgery.
[X] Oral Decolonization	
[X] 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.
[X] Nasal Decolonization for MRSA -Select One Option: <u>(Single Response) (Selection Required)</u>	
(X) 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.
() IODINE ALLERGY ONLY: mupirocin (BACTROBAN) 2 % ointment	1 application, nasal, once, For 1 Doses, Pre-op Pre-op Prior to Surgery (AOD): Apply to each nare. Patient instructed not to blow nose, may wipe any drainage with tissue.
[] 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
[] Intake and output	Routine, Every shift, 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

Education

[X] Patient education

Routine, Clinic Performed, Normal, 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.

[X] Tobacco cessation education

Routine, Clinic Performed, Normal, 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).

Consents

[] Complete consent for

Routine, Once
Procedure:
Pre-op diagnosis:
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

Perfusion

Cell Saver Request

[] Cell saver

Routine, Until discontinued, Starting S

[] Platelet sequestration

Routine, Until discontinued, Starting S

Cell Saver Medications

[] sodium chloride 0.9 % bolus

1,000 mL, perfusion, for 15 Minutes, PRN, Cell Saver, Intra-op

[] 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

chlorhexidine (PERIDEX) 0.12 % oral solution

<input type="checkbox"/> Medication Office Prescription: Night Prior to and Morning of Surgery - chlorhexidine (PERIDEX) 0.12 % oral solution	Normal
---	--------

metoprolol tartrate (LOPRESSOR)

<input type="checkbox"/> Medication Office Prescription - metoprolol tartrate (LOPRESSOR) tablet	Normal
<input type="checkbox"/> Day of Surgery - 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:

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	"And" Linked Panel
<input type="checkbox"/> vancomycin (VANCOCIN) 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	"And" Linked Panel
<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 (VANCOCIN) 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	"And" Linked Panel

<input type="checkbox"/> vancomycin (VANCOCIN) 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
() If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV - For Patients LESS than or EQUAL to 120 kg	"And" Linked Panel
<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 (VANCOCIN) 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)

(X) 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
() If MRSA Suspected - vancomycin (VANCOCIN) 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

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

(X) 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
() If MRSA Suspected - vancomycin (VANCOCIN) 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

Consults

CV Coordinator Consult

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