

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

[X] Type and Screen for PAT

Type and screen Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

[X] Prepare Blood Products for PAT (Selection Required)

Prepare cryoprecipitate Routine, Status: Future, Expires: S+365, Clinic Collect
Transfusion Indications:
Transfusion date:
Pre-Admission Testing

Prepare fresh frozen plasma Routine, Status: Future, Expires: S+365, Clinic Collect
Transfusion Indications:
Transfusion date:
Pre-Admission Testing

Prepare platelet pheresis Routine, Status: Future, Expires: S+365, Clinic Collect
Transfusion Indications:
Transfusion date:
Pre-Admission Testing

Prepare RBC Routine, Status: Future, Expires: S+365, Clinic Collect
Transfusion Indications:
Transfusion date:
Pre-Admission Testing

[X] Laboratory for PAT

CBC with platelet and differential Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

Comprehensive metabolic panel Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

Prothrombin time with INR Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

Partial thromboplastin time Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

Hemoglobin A1c Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

Magnesium level Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

Lipid panel Routine, Status: Future, Expires: S+365, Clinic Collect
Has the patient been fasting for 8 hours or more?
Pre-Admission Testing

Hepatic function panel Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

Urinalysis screen and microscopy, with reflex to culture Routine, Status: Future, Expires: S+365, Clinic Collect
Specimen Source: Urine
Specimen Site:
Pre-Admission Testing

CBC hemogram Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

Electrolytes (Chem4) Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

Basic metabolic panel Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

Platelet function analysis Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

Nursing

Vital Signs

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

Nursing Care

5M walk test/frailty test Routine, Clinic Performed, Status: Future, Expires: S+181, Pre-Admission Testing, Complete 5 meter gait speed test

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.

Height and weight Routine, Once For 1 Occurrences, Pre-op

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.

Oral Decolonization

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.

Nasal Decolonization for MRSA -Select One Option:
(Single Response) (Selection Required)

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

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.

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
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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
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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 (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	"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 (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	"And" Linked Panel

<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
() If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV - For Patients LESS than or EQUAL to 120 kg		
<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
() 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

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
() 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

Consults

CV Coordinator Consult

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