

Cardiac Surgery Pre-Op Inpatient Only Appears If: **SB IP AND NON-ED PATIENTS**

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****() LOBECTOMY, LUNG, ROBOT-ASSISTED, THORACOSCOPIC**

Panel 1, LOBECTOMY, LUNG, ROBOT-ASSISTED, THORACOSCOPIC, Scheduling/ADT

() LOBECTOMY, USING VATS

Panel 1, LOBECTOMY, USING VATS, Scheduling/ADT

() EXPLORATION, CHEST, FOR POSTOPERATIVE COMPLICATION

Panel 1, EXPLORATION, CHEST, FOR POSTOPERATIVE COMPLICATION, Scheduling/ADT

() BRONCHOSCOPY

Panel 1, BRONCHOSCOPY, Scheduling/ADT

() BRONCHOSCOPY, USING ELECTROMAGNETIC NAVIGATION

Panel 1, BRONCHOSCOPY, USING ELECTROMAGNETIC NAVIGATION, Scheduling/ADT

() THORACOTOMY

Panel 1, THORACOTOMY, Scheduling/ADT

() THORACOSCOPY

Panel 1, THORACOSCOPY, Scheduling/ADT

() PLEURODESIS, THORACOSCOPIC

Panel 1, PLEURODESIS, THORACOSCOPIC, Scheduling/ADT

() DEBRIDEMENT, STERNUM

Panel 1, DEBRIDEMENT, STERNUM, Scheduling/ADT

() MYOTOMY, ESOPHAGUS, PERORAL, ENDOSCOPIC

Panel 1, MYOTOMY, ESOPHAGUS, PERORAL, ENDOSCOPIC, Scheduling/ADT

() Case request operating room

Scheduling/ADT

Planned ICU Admission Post-Operatively (Admit to Inpatient Order) Only Appears If: **SB ACTIVE OR COMPLETED ADMIT ORDER**

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

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**SmartGroup types to merge within this section:**

Nursing [100129]

Vital Signs**[X] Vital signs - T/P/R/BP (per unit protocol)**

Routine, Per Unit Protocol, Pre-op

Telemetry Order**[X] Telemetry (Selection Required)****Telemetry monitoring**

Routine, Continuous, For 3 Days, 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

And

Telemetry Additional Setup Information

Routine, Continuous, For 3 Days, 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

☒ [Activity as tolerated](#)

Routine, Until Discontinued, Starting Today, At: N, Specify: Activity as tolerated, Pre-op

☐ [Ambulate](#)

Routine, TID , Pre-op

☐ [Bed rest](#)

Routine, Until Discontinued, Starting Today, At: N , Pre-op

☐ [Out of bed](#)

Routine, Until Discontinued, Starting Today, At: N, Specify: Out of bed, Pre-op

[Nursing Care](#)

☒ [Intake and output](#)

Routine, Q Shift , Pre-op

☒ [Bedside glucose](#)

Routine, Conditional, Perform POC Bedside Glucose if patient has diabetes, or BMI 25 or greater, or age 45 or greater, or has an insulin pump. ,
-If POC glucose is GREATER THAN 180 mg/dL, notify Anesthesiologist for consideration of perioperative glycemic control optimization., -if POC
glucose is LESS THAN 70 mg/dL, notify anesthesiologist and activate Hypoglycemia Management for Adult Patients order set., Pre-op

☒ [Height and weight](#)

Routine, Once, For 1 Occurrences , Pre-op

☒ [5M walk test/frailty test](#)

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

☐ [Initiate and maintain IV \(Selection Required\)](#)

☒ [Insert peripheral IV](#)

Routine, Once , Pre-op

☒ [sodium chloride 0.9 % flush](#)

10 mL, intravenous, Q12H SCH, Pre-op

☒ [sodium chloride 0.9 % flush](#)

10 mL, intravenous, PRN, line care, Pre-op

☐ [Provide equipment / supplies at bedside](#)

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

☐ [Obtain medical records](#)

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

☐ [Obtain medical records](#)

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

[Diet](#)

Guidelines/order for Elective Surgery Only. Guidelines/order Contraindications to allow water until 2 hours prior to scheduled surgery date/time
include CURRENT: Gastroparesis, GERD, Hiatal Hernia, Pregnancy, Bowel Obstruction, and Ileus.

☐ [NPO-after midnight, Except medications and allow water until 2 hours prior to scheduled surgery date/time](#)

Effective Midnight, Starting Tomorrow, At: 0001, NPO: Except meds, Pre-Operative fasting options: Other, Specify: Allow water until 2 hours prior
to scheduled surgery date/time, An NPO order without explicit exceptions means nothing can be given orally to the patient., Pre-op

☐ [NPO](#)

Effective Now, Starting Today, At: N, An NPO order without explicit exceptions means nothing can be given orally to the patient., Pre-op

☐ [NPO-except meds](#)

Effective Now, Starting Today, At: N, NPO: Except meds, An NPO order without explicit exceptions means nothing can be given orally to the
patient., Pre-op

☐ [NPO-after midnight](#)

Effective Midnight, Starting Tomorrow, At: 0001, An NPO order without explicit exceptions means nothing can be given orally to the patient.,
Pre-op

☐ [Diet](#)

Effective Now, Starting Today, At: N , Pre-op

[Education](#)

[\[X\] Patient education-PreOp Cardiovascular Surgery teaching](#)

Routine, Once, 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

[\[\] 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

Consents

[\[\] Complete consent for](#)

Routine, Once , Pre-op

Perfusion

[SmartGroup types to merge within this section:](#)

Cell Saver (Cell Saver) [100187]

Cell Saver

[\[\] Cell saver](#)

Routine, Until Discontinued, Starting Today, At: N , Intra-op

[\[\] Platelet sequestration](#)

Routine, Until Discontinued, Starting Today, At: N , Intra-op

Cell Saver Medications

[\[X\] sodium chloride 0.9 % bolus](#)

1,000 mL, perfusion, Administer over: 15 Minutes, PRN, Cell Saver, Intra-op

[\[X\] anticoagulant citrate dextrose \(ACD\) irrigation](#)

1,000 mL, perfusion, PRN, Cell Saver, Intra-op , Not for IV Use. For Extracorporeal Use ONLY. Must be given with calcium infusion.

[\[\] 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

[\(\) sodium chloride 0.9 % infusion](#)

75 mL/hr, intravenous, Continuous, Pre-op

[\(\) lactated Ringer's infusion](#)

75 mL/hr, intravenous, Continuous, Pre-op

[\(\) dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion](#)

75 mL/hr, intravenous, Continuous, Pre-op

[\(\) sodium chloride 0.45 % infusion](#)

75 mL/hr, intravenous, Continuous, Pre-op

[\(\) 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

[\[X\] Surgical Prep - chlorhexidine \(HIBICLENS\) 4% Surgical Scrub and chlorhexidine \(PERIDEX\) 0.12 % oral solution \(Selection Required\)](#)

[\[X\] Night Prior to and Morning of Surgery - For Patients Who Can Shower ONLY - chlorhexidine \(HIBICLENS\) 4 % liquid](#)

Topical, BID, Pre-op , Please supply and instruct patient. Chlorhexidine bath/shower the night prior to surgery and the morning of surgery.

☒ Night Prior to and Morning of Surgery - chlorhexidine (PERIDEX) 0.12 % oral solution

5 mL, Swish & Spit, BID, Pre-op , Night Prior to and Morning of Surgery

☒ Oral Decolonization (Selection Required)

☒ 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 (Selection Required)

☒ povidone-iodine (3M SKIN AND NASAL ANTISEPTIC) 0.5% NASAL swab

Swab, nasal, Once, For 1 Doses, Pre-op , Prior to Surgery: 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 , Prior to Surgery: Apply to each nare. Patient instructed not to blow nose, may wipe any drainage with tissue.

☐ metoprolol tartrate (LOPRESSOR) tablet

12.5 mg, oral, Once, For 1 Doses, Pre-op, BP & HR HOLD parameters for this order: Hold Parameters requested, HOLD for Heart Rate LESS than: 50 bpm

IntraOp Antibiotics: For Patients GREATER than 120 kg Only Appears If: **SB WEIGHT > 120 KG**

☒ First Dose (Selection Required) Only Appears If: **SB WEIGHT > 120 KG**

Administer within one hour of surgical incision.

☒ ceFAZolin (ANCEF) IV

3 g, intravenous, Once, For 1 Doses, Intra-op , Not for admin in Preop Holding area or on floor, admin by Anesthesia intraoperatively within 1 hour of the incision, Indication: Surgical Prophylaxis

☐ If Beta-Lactam Allergic: vancomycin IV

15 mg/kg, intravenous, Once, For 1 Doses, Intra-op , Not for admin in Preop Holding area or on floor, admin by Anesthesia intraoperatively within 1 hour of the incision, Indication: Surgical Prophylaxis

☐ If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV (Selection Required)

ceFAZolin (ANCEF) IV

3 g, intravenous, Once, For 1 Doses, Intra-op , Not for admin in Preop Holding area or on floor, admin by Anesthesia intraoperatively within 1 hour of the incision, Indication: Surgical Prophylaxis

And

vancomycin (VANCOCIN) IV

15 mg/kg, intravenous, Once, For 1 Doses, Intra-op , Not for admin in Preop Holding area or on floor, admin by Anesthesia intraoperatively within 1 hour of the incision, Indication: Surgical Prophylaxis

☐ Redose (Selection Required) Only Appears If: **SB WEIGHT > 120 KG**

☒ ceFAZolin (ANCEF) IV

3 g, intravenous, Once, For 1 Doses, Intra-op , For surgeries lasting longer than 4 hours, Indication: Surgical Prophylaxis

☐ If MRSA Suspected - vancomycin (VANCOCIN) IV (Selection Required)

☐ Medical Prophylaxis - 24 hours

15 mg/kg, intravenous, Q12H , Pharmacy to automatically adjust frequency to q24h for CrCl < 45ml/min
, Indication: Medical Prophylaxis, Medical Prophylaxis: The maximum duration of therapy that can be entered at this time is 56 days. Order can be renewed if required at that time.

☐ Medical Prophylaxis - 72 hours

15 mg/kg, intravenous, Q12H , Pharmacy to automatically adjust frequency to q24h for CrCl < 45ml/min
, Indication: Medical Prophylaxis

☐ Pre-Operative Surgical Prophylaxis (Selection Required)

Patient Weight Vancomycin Dose

<80 kg 1 g

80-100 kg 1.5 g

>100 kg 2 g

*Maximum pre-op dose 2 g

☐ Weight < 80 kg (Selection Required) Only Appears If: **HM SB WEIGHT < 80 KG**

☒ Weight < 80 kg

1 g, intravenous, Once, For 1 Doses , On Call to OR
Start infusion within 30-120 minutes before incision., Indication: Surgical Prophylaxis

☐ [Weight 80-100 kg \(Selection Required\)](#) Only Appears If: **HM SB WEIGHT 80-100 KG**

☒ [Weight 80-100 kg](#)

1.5 g, intravenous, Once, For 1 Doses , On Call to OR
Start infusion within 30-120 minutes before incision., Indication: Surgical Prophylaxis

☐ [Weight >100 KG \(Selection Required\)](#) Only Appears If: **HM SB WEIGHT > 100 KG**

☒ [Weight 80-100 kg](#)

2 g, intravenous, Once, For 1 Doses , On Call to OR
Start infusion within 30-120 minutes before incision., Indication: Surgical Prophylaxis

☐ [Post-Operative Surgical Prophylaxis - 1 Dose](#)

15 mg/kg, intravenous, Once, For 1 Doses, Post-op , Pharmacy to automatically adjust dose based on pre-operative administration and renal function
, Indication: Surgical Prophylaxis, Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration

☐ [Post-Operative Surgical Prophylaxis - 24 hours](#)

15 mg/kg, intravenous, Q12H, Post-op , Pharmacy to automatically adjust dose based on pre-operative administration and renal function
, Indication: Surgical Prophylaxis, Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration

[IntraOp Antibiotics: For Patients LESS than or EQUAL to 120 kg](#) Only Appears If: **SB WEIGHT <= 120 KG**

☒ [First Dose \(Selection Required\)](#) Only Appears If: **SB WEIGHT <= 120 KG**

Administer within one hour of surgical incision.

☒ [ceFAZolin \(ANCEF\) IV - For Patients LESS than or EQUAL to 120 kg](#)

2 g, intravenous, Once, For 1 Doses, Intra-op , Not for admin in Preop Holding area or on floor, admin by Anesthesia intraoperatively within 1 hour of the incision, Indication: Surgical Prophylaxis

☐ [If Beta-Lactam Allergic: vancomycin IV](#)

15 mg/kg, intravenous, Once, For 1 Doses, Intra-op , Not for admin in Preop Holding area or on floor, admin by Anesthesia intraoperatively within 1 hour of the incision, Indication: Surgical Prophylaxis

☐ [If MRSA Suspected - ceFAZolin \(ANCEF\) and vancomycin IV \(Selection Required\)](#)

[ceFAZolin \(ANCEF\) IV](#)

2 g, intravenous, Once, For 1 Doses, Intra-op , Not for admin in Preop Holding area or on floor, admin by Anesthesia intraoperatively within 1 hour of the incision, Indication: Surgical Prophylaxis

And

[vancomycin \(VANCOCIN\) IV](#)

15 mg/kg, intravenous, Once, For 1 Doses, Intra-op , Not for admin in Preop Holding area or on floor, admin by Anesthesia intraoperatively within 1 hour of the incision, Indication: Surgical Prophylaxis

☐ [Redose \(Selection Required\)](#) Only Appears If: **SB WEIGHT <= 120 KG**

☒ [ceFAZolin \(ANCEF\) IV](#)

2 g, intravenous, Q4H, Intra-op , For surgeries lasting longer than 4 hours, Indication: Surgical Prophylaxis

☐ [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., Indication: Surgical Prophylaxis

VTE

Labs

[COVID-19 Qualitative PCR](#)

☐ [COVID-19 qualitative RT-PCR - Nasal Swab](#)

STAT, For 1 Occurrences, Specimen Source: Nasal Swab, Is this for pre-procedure or non-PUI assessment? Yes, Pre-op

Laboratory

☒ [CBC with platelet and differential](#)

Once , Pre-op

☒ [Comprehensive metabolic panel](#)

Once , Pre-op

☒ [Prothrombin time with INR](#)

Once , Pre-op

[\[X\] Partial thromboplastin time, activated](#)

Once, Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to , waste prior to drawing a specimen., Pre-op

[\[X\] Hemoglobin A1c](#)

Once , Pre-op

[\[X\] Magnesium level](#)

Once , Pre-op

[\[X\] Lipid panel](#)

Once , Pre-op

[\[X\] Hepatic function panel](#)

Once , Pre-op

[\[X\] Urinalysis screen and microscopy, with reflex to culture](#)

Once, Specimen Source: Urine, Specimen must be received in the laboratory within 2 hours of collection., Pre-op

[\[\] CBC hemogram](#)

Once , CBC only; Does not include a differential, Pre-op

[\[\] Electrolytes \(Chem4\)](#)

Once , Pre-op

[\[\] Basic metabolic panel](#)

Once , Pre-op

[\[\] Platelet function analysis](#)

Once , Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory., Pre-op

[\[\] Platelet function P2Y12](#)

Once , Draw discard blue top first. BTO tube from Lab. Fill to line. Walk to Lab STAT., Pre-op

[\[\] Platelet mapping](#)

Once , Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory., Pre-op

[\[\] Thromboelastograph](#)

Once , Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory., Pre-op

[\[\] Thromboelastograph](#)

Once , Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory., Pre-op

[\[\] Thyroid stimulating hormone](#)

Once , Pre-op

[\[\] Iron level](#)

Once , Pre-op

[\[\] Ferritin level](#)

Once , Pre-op

[\[\] Ionized calcium](#)

Once , Deliver specimen immediately to the Core Laboratory., Pre-op

[\[\] Vitamin B12 level](#)

Once , Pre-op

[\[\] hCG qualitative, serum screen](#)

Once , Pre-op

[\[\] POC pregnancy, urine](#)

Once , Pre-op

[\[\] Methicillin-Resistant Staphylococcus aureus \(MRSA\), NAA](#)

[\[X\] Methicillin-Resistant Staphylococcus aureus \(MRSA\), NAA](#) Only Appears If: **HM SB MRSA PCR NO PREVIOUS RESULT OR RESULT IS GREATER THAN 14 DAYS**

[\[X\] MRSA PCR](#)

Once, Nares , Pre-op

☒ MRSA PCR has been ordered within 24 hours. Repeat testing is not indicated at this time. Only Appears If: **HM SB MRSA PCR ORDERED IN PAST 24 HOURS**

@LASTLAB(MRSAPCR)@

☐ MRSA PCR has been ordered within 24 hours. Repeat testing is not indicated at this time.

Routine, Until Discontinued, Starting Today, At: N , Pre-op

☒ MRSA PCR has been ordered within the last 7 days. This test has shown to retain high negative predictive value within this time interval. Only Appears If: **HM SB MRSA PCR RESULT IS NEGATIVE IN PAST 7 DAYS**

@LASTLAB(MRSAPCR)@

☐ MRSA PCR

Once, Nares , Pre-op

☒ This patient has a positive MRSA PCR result within the last 7 days. Only Appears If: **HM SB MRSA PCR RESULT IS POSITIVE IN PAST 7 DAYS**

@LASTLAB(MRSAPCR)@

☐ MRSA PCR

Once, Nares , Pre-op

☒ Methicillin-Resistant Staphylococcus aureus (MRSA), NAA Only Appears If: **HM SB MRSA PCR RESULT EXISTS IN PAST 7-14 DAYS**

@LASTLAB(MRSAPCR)@

☒ MRSA PCR

Once, Nares , Pre-op

☐ Blood gas, arterial

Once, For 1 Occurrences , If indicated for heavy smoker, COPD, Pre-op

Cardiology

Cardiology

☒ ECG Pre/Post Op

Routine, Once, For 1 Occurrences, Clinical Indications: Pre-Op Clearance, Pre-op

☐ Echocardiogram complete w contrast and 3D if needed

Routine, Once, Starting Today, At: 0100 , Pre-op

Imaging

Diagnostic X-Ray

☒ Chest 2 Vw

Routine, Once, Starting Today, At: 0100, For 1 Occurrences , Preop Surgery, Pre-op

☐ Chest 1 Vw

Routine, Once, Starting Today, At: 0100, For 1 Occurrences , Preop Surgery, Pre-op

Diagnostic Ultrasound

☐ Us carotid duplex

Routine, Once, Starting Today, For 1 Occurrences , Pre-op

☐ Us vein mapping lower extremity

Routine, Once, Starting Today, For 1 Occurrences , Pre-op

Respiratory

Respiratory Therapy

☒ Incentive spirometry instructions

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

☐ Bedside spirometry

Routine, Once , Patient should not be given a bronchodilator 4 hours before scheduled test., Pre-op

☐ Six minute walk w/ pulse oximetry

Routine, Once , Pre-op

☐ Spirometry pre & post w/ bronchodilator, diffusion, lung volumes (Full PFT)

Routine, Once , Pre-op

☐ Spirometry pre & post w/ bronchodilator (FEV 1 Only)

Routine, Once , Pre-op

Blood Products

Lab Draw Only Appears If: **HM SB NO TYPE AND SCREEN IN 72 HOURS**

☒ Type and screen

Once , Pre-op

Blood Products

☐ Red Blood Cells (Selection Required)

☒ Red Blood Cells (Selection Required) Only Appears If: **HM SB PATIENT IS ON POSITIVE ANTIBODY REGISTRY**

Antibodies are present. There may be a delay in product availability.

☒ Prepare RBC

Routine , Blood Products

☒ Transfuse RBC

Routine , Pre-op

☒ sodium chloride 0.9% infusion

250 mL, intravenous, at 30 mL/hr, Continuous PRN, line care, RBC transfusion, Pre-op , Administer with blood

☒ Red Blood Cells (Selection Required) Only Appears If: **HM SB PATIENT IS NOT ON POSITIVE ANTIBODY REGISTRY**

☒ Prepare RBC

Routine , Blood Products

☒ Transfuse RBC

Routine , Pre-op

☒ sodium chloride 0.9% infusion

250 mL, intravenous, at 30 mL/hr, Continuous PRN, line care, RBC transfusion, Pre-op , Administer with blood

☐ Platelets (Selection Required)

☒ Prepare platelet pheresis

Routine , Blood Products

☒ Transfuse platelet pheresis

Routine , Pre-op

☒ sodium chloride 0.9% infusion

250 mL, intravenous, at 30 mL/hr, Continuous, Pre-op , Administer with blood

☐ Fresh Frozen Plasma (Selection Required)

☒ Prepare fresh frozen plasma

Routine , Blood Products

☒ Transfuse fresh frozen plasma

Routine , Pre-op

☒ sodium chloride 0.9% infusion

250 mL, intravenous, at 30 mL/hr, Continuous, Pre-op , Administer with blood

☐ Cryoprecipitate (Selection Required)

☒ Prepare cryoprecipitate

Routine , Blood Products

☒ Transfuse cryoprecipitate

Routine , Pre-op

☒ 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
Additional Orders