

Location: _____

Enhanced Recovery After Surgery (ERAS) Orders**ERAS Multimodal Pain Management**☐ **dexmedetomidine (PREcedex) infusion**

☒ **dexmedetomidine (PREcedex) infusion** 0.2 mcg/kg/hr, intravenous, continuous, 24, Hours
DO NOT TITRATE. Hold infusion and notify provider immediately if HR less than 60 BPM or SBP less than 100 mmHg or any changes in mental status.

☒ **If severe breakthrough pain (pain score 7-10), contact cardiac surgery provider.** Once, 1, Occurrences, Routine, If severe breakthrough pain (pain score 7-10), contact cardiac surgery provider.

General**Nursing****Vital Signs**

☐ **Vital signs - T/P/R/BP** Every 2 hours, Routine, Every 2 hours for 8 hours, then every 4 hours for 48 hours, then per unit standards

Activity

☐ **Activity as tolerated** Until discontinued, Routine

Specify: ☐ Activity as tolerated

☐ **Activity - Out of bed to chair for all meals daily** 3 times daily, Routine

Specify: ☐ Other activity (specify)

Other: Out of bed to chair for all meals daily

☐ **Ambulate** 4 times daily, Routine, In hallway as tolerated, with assistance if needed

Specify:

☐ **Patient may shower** Daily, Routine, Shower in am: For patients with pacer wires, cover wires with occlusive waterproof dressing prior to shower. Cover central line

Specify:

Additional modifier:

☐ **Bed rest** Until discontinued, Routine

Bathroom Privileges:

Nursing

☒ **Telemetry**

☒ **Telemetry monitoring** Continuous, 3, Days, Routine

Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)

Can be off of Telemetry for baths? Yes

Can be off for transport and tests? Yes

Reason for telemetry:

Reason?

☒ **Telemetry Additional Setup Information** Continuous, 3, Days, Routine

High Heart Rate (BPM): ☐ 120 ☐ 120.000

Low Heart Rate(BPM): ☐ 50 ☐ 50.000

High PVC's (per minute): ☐ 10 ☐ 10.000

High SBP(mmHg): ☐ 175 ☐ 175.000

Low SBP(mmHg): ☐ 100 ☐ 100.000

High DBP(mmHg): ☐ 95 ☐ 100.000

Low DBP(mmHg): ☐ 40 ☐ 95.000

Low Mean BP: ☐ 60 ☐ 60.000

High Mean BP: ☐ 120 ☐ 120.000

Low SPO2(%): ☐ 94 ☐ 94.000

☒ **Daily weights** Daily, Routine

☒ **Intake and output** Every shift, Routine

☐ **Assess operative site** Every 8 hours, Routine, Care of incision site per CV protocol

☐ **Site care** Per unit protocol, Routine, Care of epicardial wire site and wire insulation per CV protocol

Site:

☒ **Saline lock IV** Continuous, Routine

Sign: _____ Printed Name: _____ Date/Time: _____

☒ **Remove Foley catheter** Once, Routine, 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)

☐ **Nasogastric tube maintenance** Until discontinued, Routine
Tube Care Orders:

☐ **Chest tube to continuous suction** Until discontinued, Routine
Level of suction: 20 cm H2O

☐ **Tube site care** Every 8 hours, Routine, Chest tube per CV protocol

☐ **Discontinue pacemaker generator and insulate pacer wires** Until discontinued, Routine

Notify

☐ **Notify Physician - Consultants and resident of patient location** Once, 1, Occurrences, Routine, Consultants and resident of patient location

☐ **Notify - Physician Assistant and/or nurse practitioner of patient location** Once, 1, Occurrences, Routine, Physician Assistant and/or nurse practitioner of patient location

☐ **Notify Physician - NP - PA If potassium level is less than 3.6 milliEquivalents per Liter or greater than 5.0 milliEquivalents per Liter.** Once, 1, Occurrences, Routine, NP - PA If potassium level is less than 3.6 milliEquivalents per Liter or greater than 5.0 milliEquivalents per Liter.

Diet

☐ **Diet -Clear liquids** Diet effective now, Routine

Diet(s): ○ Clear Liquids

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

☐ **Diet - Full liquids** Diet effective now, Routine

Diet(s): ○ Full Liquids

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

☐ **Diet - Heart Healthy** Diet effective now, Routine

Diet(s): ○ Heart Healthy

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

☐ **Diet - Renal (80gm Pro, 2-3gm Na, 2-3gm K)** Diet effective now, Routine

Diet(s): ○ Renal (80GM Pro, 2-3GM Na, 2-3GM K)

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **Diet - 1800 Carb Control Diabetic** Diet effective now, Routine

Diet(s): ☐ Other Diabetic/Cal

Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

IV Fluids

Medications

ACE Inhibitors

☐ **lisinopril (PRINIVIL,ZESTRIL) tablet** 10 mg, oral, daily

BP HOLD parameters for this order:

Contact Physician if:

☐ **enalapril (VASOTEC) tablet** 5 mg, oral, daily

BP HOLD parameters for this order:

Contact Physician if:

Anti-platelet

☐ **clopidogrel (PLAVIX) tablet** 75 mg, oral, daily

☐ **aspirin (ECOTRIN) enteric coated tablet** 81 mg, oral, daily

Beta-Blocker

☐ **metoprolol tartrate (LOPRESSOR) tablet** 12.5 mg, oral, 2 times daily

BP & HR HOLD parameters for this order: ☐ BP & HR HOLD Parameters requested

BP & HR HOLD for: ☐ Other Systolic BP ☐ Other Heart Rate

Hold for Systolic BP LESS than (in mmHg): 100

Hold for Heart Rate LESS than (in bpm): 60

Contact Physician if:

DO NOT administer if heart rate is LESS than 60 or systolic blood pressure is LESS than 100

☐ **metoprolol tartrate (LOPRESSOR) tablet** 25 mg, oral, 2 times daily

BP & HR HOLD parameters for this order: ☐ BP & HR HOLD Parameters requested

BP & HR HOLD for: ☐ Other Systolic BP ☐ Other Heart Rate

Hold for Systolic BP LESS than (in mmHg): 100

Hold for Heart Rate LESS than (in bpm): 60

Contact Physician if:

DO NOT administer if heart rate is LESS than 60 or systolic blood pressure is LESS than 100;

☐ **metoprolol succinate XL (TOPROL-XL) 24 hr tablet** 25 mg, oral, daily at 0600

BP & HR HOLD parameters for this order: ☐ BP & HR HOLD Parameters requested

BP & HR HOLD for: ☐ Other Heart Rate ☐ Other Systolic BP

Hold for Systolic BP LESS than (in mmHg): 100

Hold for Heart Rate LESS than (in bpm): 60

Contact Physician if:

DO NOT administer if heart rate is LESS than 60 or systolic blood pressure is LESS than 100

Do not crush or chew.

☐ **carvedilol (COREG) tablet** 3.125 mg, oral, 2 times daily

BP & HR HOLD parameters for this order: ☐ BP & HR HOLD Parameters requested

BP & HR HOLD for: ☐ Other Systolic BP ☐ Other Heart Rate

Hold for Systolic BP LESS than (in mmHg): 100

Hold for Heart Rate LESS than (in bpm): 60

Contact Physician if:

DO NOT administer if heart rate is LESS than 60 or systolic blood pressure is LESS than 100;

Diuretics

☐ **furosemide (LASIX) tablet** 40 mg, oral, daily at 0900

Statin

☐ **atorvastatin (LIPITOR) tablet** 80 mg, oral, nightly

☐ **simvastatin (ZOCOR) tablet** 20 mg, oral, nightly

If patient is on amiodarone, maximum dose is 10 mg.

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **pravastatin (PRAVACHOL) tablet** 40 mg, oral, nightly

☐ **atorvastatin (LIPITOR) tablet** 40 mg, oral, nightly

VTE

Labs

Laboratory Tomorrow AM

☐ **Basic metabolic panel** AM draw, 1, Occurrences, S+1, Routine, Blood, 3

☐ **CBC hemogram** AM draw, 1, Occurrences, S+1, Routine, Blood, 3

CBC only; Does not include a differential

☐ **Magnesium level** AM draw, 1, Occurrences, S+1, Routine, Blood, 3

☐ **Ionized calcium** AM draw, 1, Occurrences, S+1, Routine, Blood, 3

Deliver specimen immediately to the Core Laboratory.

☐ **Phosphorus level** AM draw, 1, Occurrences, S+1, Routine, Blood, 3

Cardiology

ECG

☐ **ECG 12 lead** Once, 1, Occurrences, Routine, 6

Clinical Indications:

Interpreting Physician:

Imaging

X-Ray

☐ **Chest 1 Vw Portable** Daily imaging, 3, Occurrences, Routine, Every am while chest tube in place

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Chest 1 Vw** Conditional Frequency, 1, Occurrences, STAT, Post chest tube removal

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Other Studies

Respiratory

Respiratory Therapy

☒ **Incentive spirometry instructions** Once, 1, Occurrences, Routine

Frequency of use: ○ Every hour while awake

☒ **Encourage deep breathing and coughing** Every hour, Routine

☐ **Oxygen therapy** Continuous, Routine, Try weaning patient daily

Device: ○ Nasal Cannula

Titrate to keep O2 Sat Above: 92%

Device:

Indications for O2 therapy:

☐ **PEP** As directed, Routine, 20 times every hour while awake

Consults

For Physician Consult orders use sidebar

Consults

☒ **Consult Cardiac Rehab Phase 1** Once, Routine

Clinical Indications: ○ for assistance with mobility

Patient's Phone Number:

☐ **Consult to PT eval and treat** Once, Routine

Reasons for referral to Physical Therapy (mark all applicable):

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status:

Reason for PT?

If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy

Additional Orders

Sign: _____ Printed Name: _____ Date/Time: _____