

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, 48, Hours, Routine

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

Reason for telemetry:

Can be off of Telemetry for baths? Yes

Can be off for transport and tests? Yes

**Telemetry additional setup information** Continuous, 48, Hours, Routine

High Heart Rate (BPM): 130.000

Low Heart Rate(BPM): 50.000

High PVC's (per minute): 10.000

**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

**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

Sign: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_

**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:

**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.

**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

## Additional Orders