

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**

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

☐ **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.

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

☐ **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

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