

Location: _____

General

Planned ICU Admission Post-Operatively (Admit to Inpatient 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 Once, 1, Pre-op, Routine

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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.

Nursing

Nursing Care

Remove All Lines Until discontinued, Pre-op, Routine, Remove all old intravenous lines 12 to 24 hours pre-operatively

Chlorhexidine sage cloths Once, Pre-op, Routine, For patients who are unable to shower use cloths night before and prior to surgery

Consents

Complete consent for (LVAD) Once, Pre-op, Routine

Procedure: ◦ left ventricular assist device, tentative chest wash out and closure 24-48 hours post ventricular assist device implant

Diagnosis/Condition:

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?

Complete consent for (LVAD & RVAD) Once, Pre-op, Routine

Procedure: ◦ Left Ventricular Assist Device and Right Ventricular Assist Device, Tentative chest wash out and closure 24-48 hours post ventricular assist device implant

Diagnosis/Condition:

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?

Complete consent for (Total Artificial Heart) Once, Pre-op, Routine

Procedure: ◦ Total Artificial Heart, Tentative chest wash out and closure 24-48 hours post ventricular assist device implant

Diagnosis/Condition:

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?

Complete consent for Once, Routine

Procedure:

Diagnosis/Condition:

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?

Diet

NPO Diet effective now, Pre-op, Routine, After midnight day of scheduled surgery

NPO:

Pre-Operative fasting options:

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

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

Prophylaxis

mupirocin (BACTROBAN) 2 % ointment 1 Application, Topical, once, 1, Occurrences, S, 2100, Pre-Procedure
Swab in both nostrils the night before surgery

mupirocin (BACTROBAN) 2 % ointment 1 Application, Topical, once, 1, Occurrences, S+1, 0600, Pre-Procedure
Swab in both nostrils the morning of surgery

Antibiotics

Ceftriaxone + Vancomycin

cefTRIAxone (ROCEPHIN) IV 2 g, intravenous, once, 1, Occurrences, Pre-op, STAT

Indication: Surgical Prophylaxis

On call to the operating room. Administer one hour prior to the opening incision.

Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

vancomycin (VANCOCIN) IV 15 mg/kg, intravenous, once, 1, Occurrences, Pre-op, STAT

Indication: Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

On call to the operating room. Administer one hour prior to the opening incision.

VTE**Labs**

COVID-19 Qualitative PCR

COVID-19 qualitative RT-PCR - Nasal Swab STAT, 1, Occurrences, Pre-op, Routine

Specimen Source: Nasal Swab

Is this for pre-procedure or non-PUI assessment? Yes

Specimen Source:

Coagulopathy Risk Profile

CBC with platelet and differential Once, Pre-op, Routine, Blood, 3

Comprehensive metabolic panel Once, Pre-op, Routine, Blood, 3

Prothrombin time with INR Once, Pre-op, Routine, Blood, 3

Partial thromboplastin time Once, Pre-op, Routine, Blood, 3

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.

Thrombin time Once, Pre-op, Routine, Blood, 3

Fibrinogen Once, Pre-op, Routine, Blood, 3

D-dimer Once, Pre-op, Routine, Blood, 3

Antithrombin III Once, Pre-op, Routine, Blood, 3

Platelet mapping Once, Pre-op, Routine, Blood, 3

Anticoagulant Therapy:

Diagnosis:

Fax Number (For TEG Graph Result):

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

Prealbumin Once, Pre-op, Routine, Blood, 3

Platelet function analysis Once, Pre-op, Routine, Blood, 3

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

Heparin PF4 antibody (IgG) Once, Pre-op, Routine, Blood, 3, If on heparin and low platelets (decreased by 50 percent or less than 150)

Coagulopathy Risk Profile

CBC with platelet and differential Once, Pre-op, Routine, Blood, 3

Comprehensive metabolic panel Once, Pre-op, Routine, Blood, 3

Prothrombin time with INR Once, Pre-op, Routine, Blood, 3

Partial thromboplastin time Once, Pre-op, Routine, Blood, 3

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.

Thrombin time Once, Pre-op, Routine, Blood, 3

Fibrinogen Once, Pre-op, Routine, Blood, 3

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

- D-dimer** Once, Pre-op, Routine, Blood, 3
- Antithrombin III** Once, Pre-op, Routine, Blood, 3
- Prealbumin** Once, Pre-op, Routine, Blood, 3
- Platelet function analysis** Once, Pre-op, Routine, Blood, 3

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

- Heparin PF4 antibody (IgG)** Once, Pre-op, Routine, Blood, 3, If on heparin and low platelets (decreased by 50 percent or less than 150)

Laboratory

- Basic metabolic panel** Once, Pre-op, Routine, Blood, 3, At 3 am morning of planned surgery
- CBC with platelet and differential** Once, Pre-op, Routine, Blood, 3, At 3 am morning of planned surgery
- Prothrombin time with INR** Once, Pre-op, Routine, Blood, 3, At 3 am morning of planned surgery
- Partial thromboplastin time** Once, Pre-op, Routine, Blood, 3, At 3 am morning of planned surgery

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.

- Platelet mapping** Once, Pre-op, Routine, Blood, 3, At 3 am morning of planned surgery

Anticoagulant Therapy:

Diagnosis:

Fax Number (For TEG Graph Result):

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

- Thromboelastograph** Once, Pre-op, Routine, Blood, 3, At 3 am morning of planned surgery

Anticoagulant Therapy:

Diagnosis:

Fax Number (For TEG Graph Result):

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

- Thromboelastograph** Once, Pre-op, Routine, Blood, 3, At 3 am morning of planned surgery

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

Blood Products

- Type and screen** Once, Pre-op, Routine, Blood
- Red Blood Cells**

- Red Blood Cells**

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

- Prepare RBC** Blood - Once, 1, Occurrences, S, Routine, Blood

Transfusion Indications:

Transfusion date:

- Transfuse RBC** Transfusion, S, Routine

Transfusion duration per unit (hrs):

- sodium chloride 0.9% infusion** 250 mL, intravenous, continuous PRN, 30.000 mL/hr, RBC transfusion

Administer with blood

- Red Blood Cells**

- Prepare RBC** Blood - Once, 1, Occurrences, S, Routine, Blood

Transfusion Indications:

Transfusion date:

- Transfuse RBC** Transfusion, S, Routine

Transfusion duration per unit (hrs):

- sodium chloride 0.9% infusion** 250 mL, intravenous, continuous PRN, 30.000 mL/hr, RBC transfusion

Administer with blood

- Platelet Pheresis**

- Prepare platelet pheresis** Once, S, Routine, Blood

Transfusion Indications:

Transfusion date:

- Transfuse platelet pheresis** Transfusion, S, Routine

Transfusion duration per unit (hrs):

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

sodium chloride 0.9% infusion 250 mL, intravenous, continuous PRN, 30.000 mL/hr, platelet pheresis
Administer with blood

Cardiology

Imaging

CT

CV CT cardiac calcium scoring 1 time imaging, Pre-op, Routine
Is the patient pregnant?

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

Consult to Respiratory Therapy Once, Pre-op, Routine
Reason for Consult? respiratory therapy to teach incentive spirometry and deep breathing and coughing pre-operative
Reason for Consult?

Consult to Nutrition Services Once, Pre-op, Routine, Nutrition assessment
Reason For Consult? MD order Diet Consult

Purpose/Topic:
Reason for Consult?

Consult to Spiritual Care Once, Pre-op, Routine, Pre-op
Reason for consult? Other Specify
Specify: pre-op
Reason for Consult?

Consult to Transplant Social Work Once, Pre-op, Routine
Reason for Consult? Transplant Psychosocial Evaluation
Organ Transplant: Heart
Reason for Consult?

Additional Orders