**Location:** _____

**Pre Anesthesia Testing Orders**

**Pre Anesthesia Testing Orders**

The orders in this section are for Pre Anesthesia Testing. For additional PAT orders, please use 'Future Status' and 'Pre-Admission Testing' for the Phase of Care

- [x] **Type and Screen for PAT**
  - [x] **Type and screen** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood
- [x] **Prepare Blood Products for PAT** (Required)
  - [ ] **Prepare cryoprecipitate** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood
    **Question(s):**
    Transfusion Indications:
    Transfusion date:
  - [ ] **Prepare fresh frozen plasma** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood
    **Question(s):**
    Transfusion Indications:
    Transfusion date:
  - [ ] **Prepare platelet pheresis** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood
    **Question(s):**
    Transfusion Indications:
    Transfusion date:
    **Process Instructions:**
    Usual adult dose is one pheresis platelet unit. One pheresis platelet unit is equivalent to 5-6 pooled, whole blood-derived platelet units.
  - [ ] **Prepare RBC** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood
    **Question(s):**
    Transfusion Indications:
    Transfusion date:
- [x] **Laboratory for PAT**
  - [ ] **COVID-19 qualitative RT-PCR - Nasal Swab** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine
    **Question(s):**
    Specimen Source: Nasal Swab
    Is this for pre-procedure or non-PUI assessment? ○ Yes
    Specimen Source:
  - [x] **CBC with platelet and differential** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
  - [x] **Comprehensive metabolic panel** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
  - [x] **Prothrombin time with INR** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
  - [x] **Partial thromboplastin time** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
    **Primary Ordering Comments:**
    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.
  - [x] **Hemoglobin A1c** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
  - [x] **Magnesium level** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
  - [x] **Lipid panel** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

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

☑ **Hepatic function panel** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Urinalysis screen and microscopy, with reflex to culture** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Urine
**Question(s):**
Specimen Source: Urine
Specimen Site:
**Primary Ordering Comments:**
Specimen must be received in the laboratory within 2 hours of collection.

☐ **CBC hemogram** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
**Primary Ordering Comments:**
CBC only; Does not include a differential

☐ **Electrolytes (Chem4)** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Basic metabolic panel** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Platelet function analysis** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
**Primary Ordering Comments:**
Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.

☐ **Platelet function P2Y12** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
**Primary Ordering Comments:**
Draw discard blue top first. BTO tube from Lab. Fill to line. Walk to Lab STAT.

☐ **Platelet mapping** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
**Question(s):**
Anticoagulant Therapy:
Diagnosis:
Fax Number (For TEG Graph Result):
**Primary Ordering Comments:**
Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.

☐ **Thromboelastograph** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
**Question(s):**
Anticoagulant Therapy:
Diagnosis:
Fax Number (For TEG Graph Result):
**Primary Ordering Comments:**
Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.

☐ **Thyroid stimulating hormone** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Iron level** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Ferritin level** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Ionized calcium** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
**Primary Ordering Comments:**
Deliver specimen immediately to the Core Laboratory.

☐ **Vitamin B12 level** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **hCG qualitative, serum screen** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
**Question(s):**
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

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

☐ **POC pregnancy, urine** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Urine
**Question(s):**
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **MRSA screen culture** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Nares

☐ **Arterial blood gas** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Indicated for heavy smoker, COPD

☑ **Diagnostic X-Ray / Respiratory for PAT**

☑ **XR Chest 2 Vw** **Frequency:** 1 time imaging **Phase of Care:** Pre-Admission Testing **Priority:** Routine
**Question(s):**
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **XR Chest 1 Vw** **Frequency:** 1 time imaging **Phase of Care:** Pre-Admission Testing **Priority:** Routine
**Question(s):**
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Spirometry pre & post w/ bronchodilator, diffusion, lung volumes (Full PFT)** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine
**Question(s):**
RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry pre & post w/ bronchodilator (FEV 1 Only)** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine
**Question(s):**
RT to follow protocol for changes to requested PFT orders?

☐ **Six minute walk w/ pulse oximetry** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine
**Question(s):**
Purpose:
RT to follow protocol for changes to requested PFT orders?

☑ **Other Diagnostic Studies for PAT**

☑ **ECG Pre/Post Op** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Maximum Quantity:** 6
**Question(s):**
Clinical Indications:
Interpreting Physician:

☐ **ECG 12 lead** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Maximum Quantity:** 6
**Question(s):**
Clinical Indications:
Interpreting Physician:

☐ **XR Chest 1 Vw Portable** **Frequency:** 1 time imaging **Phase of Care:** Pre-Admission Testing **Priority:** Routine
**Question(s):**
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **XR Chest 2 Vw** **Frequency:** 1 time imaging **Phase of Care:** Pre-Admission Testing **Priority:** Routine
**Question(s):**
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Pv carotid duplex** **Frequency:** 1 time imaging **Priority:** Routine
**Question(s):**
Laterality:
Special protocol:

☐ **Us vein mapping lower extremity** **Frequency:** 1 time imaging **Priority:** Routine
**Question(s):**
Laterality:
Preferred interpreting Cardiologist or group:

☐ **Methicillin-resistant staphylococcus aureus (MRSA), NAA** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Specimen Type:** Nares

**Enhanced Recovery After Surgery (ERAS) Orders**

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

☐ **ERAS Orders**

☐ **ERAS Labs (Outpatient Lab Collect) and ERAS Multimodal Pain Management (AOD)**

☑ **ERAS Labs**

☑ **Methicillin-resistant staphylococcus aureus (MRSA), NAA** **Frequency:** Once **Priority:** Routine **Specimen Type:** Nares

☑ **Prealbumin level** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Albumin level** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Albumin, random urine** **Frequency:** Once **Priority:** Routine **Specimen Type:** Urine

☑ **Thyroid stimulating hormone** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Iron level** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Total iron binding capacity, percent transferrin saturation, and iron level** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Ferritin level** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Vitamin D 25 hydroxy level** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Vitamin B12 level** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **ERAS AOD Multimodal Pain Management - acetaminophen**

○ **Patient weight LESS than or equal to 60 kg - acetaminophen (TYLENOL) tablet** **Dose:** 650 mg **Route:** oral **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op
**Question(s):**
Allowance for Patient Preference:
**Product Admin Instructions:**
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

○ **Patient weight above 60 kg - acetaminophen (TYLENOL) tablet** **Dose:** 1000 mg **Route:** oral **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op
**Question(s):**
Allowance for Patient Preference:

**General**

**Case Request**

☐ **Case request operating room** **Frequency:** Once **Phase of Care:** Scheduling/ADT **Priority:** Routine
**Question(s):**
Requested time:
Special needs:
Add on case?
Clinical trial?
Case Classification:
PAT Needs?
Pre-op diagnosis:
CPT Codes:
ERAS?

**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** **Frequency:** Once **Ordering Quantity:** 1 **Phase of Care:** Pre-op **Priority:** Routine
**Question(s):**
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**

**Vital Signs**

☑ **Vital signs - T/P/R/BP (per unit protocol)** **Frequency:** Per unit protocol **Phase of Care:** Pre-op **Priority:** Routine

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

**Nursing Care**

- [x] **5M walk test/frailty test** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine
- [x] **Incentive spirometery** **Frequency:** Until discontinued **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Comments:** Demonstrate to patient how to use incentive spirometer, have patient teach back and document patient education.
- [x] **Height and weight** **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine
- [x] **chlorhexidine (HIBICLENS) 4% liquid** **Frequency:** Until discontinued **Phase of Care:** Pre-Admission Testing **Priority:** Routine
- [ ] **Intake and output** **Frequency:** Every shift **Phase of Care:** Pre-Admission Testing **Priority:** Routine
- [x] **Bedside glucose** **Frequency:** Conditional Frequency **Phase of Care:** Pre-op **Priority:** Routine **Specimen Type:** Blood **Comments:** 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.
- [x] **Oral Decolonization**
  - [x] **Pre-op Prior to Surgery (AOD), Chlorhexidine (PERIDEX) 0.12 % oral solution** **Dose:** 5 mL **Route:** Mouth/Throat **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op
    **Admin Instructions:**
    Pre-op prior to surgery (AOD),Swish and Spit as directed.
- [x] **Nasal Decolonization for MRSA -Select One Option:** (Required)
  - (●) **povidone-iodine (3M SKIN AND NASAL ANTISEPTIC) 0.5% NASAL swab** **Dose:** 4 Swab **Route:** nasal **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op
    **Admin Instructions:**
    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** **Dose:** 1 Application **Route:** nasal **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op
    **Admin Instructions:**
    Prior to Surgery: Apply to each nare. Patient instructed not to blow nose, may wipe any drainage with tissue.
- [ ] **Initiate and maintain IV**
  - [x] **Insert peripheral IV** **Frequency:** Once **Priority:** Routine
  - [x] **sodium chloride 0.9 % flush** **Dose:** 10 mL **Frequency:** every 12 hours scheduled **PRN Reasons:** line care
  - [x] **sodium chloride 0.9 % flush** **Dose:** 10 mL **Route:** intravenous **Frequency:** PRN **PRN Reasons:** line care

**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**
  **Frequency:** Diet effective midnight **Phase of Care:** Pre-op **Priority:** Routine
  **Question(s):**
  NPO: ○ Except meds
  Pre-Operative fasting options: ○ Other
  Specify: Allow water until 2 hours prior to scheduled surgery date/time
  **Process Instructions:**
  An NPO order without explicit exceptions means nothing can be given orally to the patient.
- [ ] **NPO** **Frequency:** Diet effective now **Phase of Care:** Pre-op **Priority:** Routine
  **Question(s):**
  NPO:
  Pre-Operative fasting options:
  **Process Instructions:**
  An NPO order without explicit exceptions means nothing can be given orally to the patient.
- [ ] **NPO-except meds** **Frequency:** Diet effective now **Phase of Care:** Pre-op **Priority:** Routine
  **Question(s):**
  NPO: ○ Except meds
  Pre-Operative fasting options:
  **Process Instructions:**
  An NPO order without explicit exceptions means nothing can be given orally to the patient.

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

☐ **NPO-after midnight** **Frequency:** Diet effective midnight **Phase of Care:** Pre-op **Priority:** Routine
**Question(s):**
NPO:
Pre-Operative fasting options:
**Process Instructions:**
An NPO order without explicit exceptions means nothing can be given orally to the patient.

**Education**

**HM AMB PATIENT EDUCATION CARDIAC SURGERY**
**HM AMB TOBACCO CESSATION CARDIAC SURGERY (STAFF)**

**Consents**

☑ **Complete consent for** **Frequency:** Once **Phase of Care:** Pre-op **Priority:** Routine
**Question(s):**
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?

**Perfusion**

**Cell Saver**

☐ **Cell saver** **Frequency:** Until discontinued **Phase of Care:** Intra-op **Priority:** Routine

☐ **Platelet sequestration** **Frequency:** Until discontinued **Phase of Care:** Intra-op **Priority:** Routine

**Cell Saver Medications**

☐ **sodium chloride 0.9 % bolus** **Dose:** 1000 mL **Route:** perfusion **Frequency:** PRN **Phase of Care:** Intra-op **Minimum Infusion Duration:** 15.000 Minutes **PRN Comment:** Cell Saver

☐ **anticoagulant citrate dextrose (ACD) irrigation** **Dose:** 1000 mL **Route:** perfusion **Frequency:** PRN **Phase of Care:** Intra-op **PRN Comment:** Cell Saver
**Admin Instructions:**
Not for IV Use. For Extracorpeal Use ONLY. Must be given with calcium infusion.

☐ **sodium chloride 0.9 % 1,000 mL with HEParin (porcine) 5,000 Units cell saver perfusion** **Dose:** 1000 mL **Route:** perfusion **Frequency:** PRN **Phase of Care:** Intra-op **PRN Comment:** Heparinzed saline for cell saver

**Medications**

**chlorhexidine (PERIDEX) 0.12 % oral solution**

☐ **Medication Office Prescription: Night Prior to and Morning of Surgery - chlorhexidine (PERIDEX) 0.12 % oral solution** **Dose:** 5 mL **Route:** Mouth/Throat **Frequency:** 2 times daily **Phase of Care:** Pre-Admission Testing
**Admin Instructions:**
Night prior to and morning of surgery: Swish and Spit as directed.

**metoprolol tartrate (LOPRESSOR)**

☐ **Medication Office Prescription - metoprolol tartrate (LOPRESSOR) tablet** **Dose:** 12.5 mg **Route:** oral **Frequency:** 2 times daily **Phase of Care:** Pre-Admission Testing
**Question(s):**
BP & HR HOLD parameters for this order:
Contact Physician if:

☐ **Day of Surgery - metoprolol tartrate (LOPRESSOR) tablet** **Dose:** 12.5 mg **Route:** oral **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op
**Question(s):**
BP & HR HOLD parameters for this order: ○ Hold Parameters requested
HOLD for Heart Rate LESS than: 50 bpm
Contact Physician if:

☐ **Surgical Prophylaxis Antibiotics: For Patients LESS than or EQUAL to 100 kg**

○ **Standard Surgical Prophylaxis: cefazolin (ANCEF) IV +/- vancomycin IV**

☑ **Cefazolin 2 g**

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

☑ **ceFAZolin (ANCEF) IV** **Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
**Priority:** STAT
**Question(s):**
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
**Admin Instructions:**
Administer within 60 minutes of incision; On Call to OR

☐ **Vancomycin IV**

| 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**

☑ **Weight < 80 kg** **Dose:** 1 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
**Priority:** STAT
**Question(s):**
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

☑ **Weight 80-100 kg**

☑ **Weight 80-100 kg** **Dose:** 1.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
**Priority:** STAT
**Question(s):**
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

☑ **Weight >100 KG**

☑ **Weight 80-100 kg** **Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
**Priority:** STAT
**Question(s):**
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

○ **For Patients with Cephalosporin Allergy - vancomycin + aztreonam**

☑ **Vancomycin IV**

| Patient Weight | Vancomycin Dose |
|---|---|
| <80 kg | 1 g |
| 80-100 kg | 1.5 g |
| >100 kg | 2 g |

*Maximum pre-op dose 2 g

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

- [x] **Weight < 80 kg**
  - [x] **Weight < 80 kg Dose:** 1 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
  **Priority:** STAT
  **Question(s):**
  Indication: ○ Surgical Prophylaxis
  Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
  **Admin Instructions:**
  Administer within 120 minutes of incision; On Call to OR
- [x] **Weight 80-100 kg**
  - [x] **Weight 80-100 kg Dose:** 1.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
  **Priority:** STAT
  **Question(s):**
  Indication: ○ Surgical Prophylaxis
  Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
  **Admin Instructions:**
  Administer within 120 minutes of incision; On Call to OR
- [x] **Weight >100 KG**
  - [x] **Weight 80-100 kg Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
  **Priority:** STAT
  **Question(s):**
  Indication: ○ Surgical Prophylaxis
  Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
  **Admin Instructions:**
  Administer within 120 minutes of incision; On Call to OR

- [x] **aztreonam (AZACTAM) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
**Question(s):**
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

- [ ] **Surgical Prophylaxis Antibiotics: For Patients GREATER than 100 kg**
  - ○ **Standard Surgical Prophylaxis: cefazolin (ANCEF) IV +/- vancomycin IV**
    - [x] **Cefazolin 3 g**
      - [x] **ceFAZolin (ANCEF) IV Dose:** 3 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
      **Priority:** STAT
      **Question(s):**
      Indication: ○ Surgical Prophylaxis
      Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
      **Admin Instructions:**
      Administer within 60 minutes of incision; On Call to OR
    - [ ] **Vancomycin IV**

| Patient Weight | Vancomycin Dose |
|---|---|
| <80 kg | 1 g |
| 80-100 kg | 1.5 g |
| >100 kg | 2 g |

*Maximum pre-op dose 2 g

- [x] **Weight < 80 kg**

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

☑ **Weight < 80 kg Dose:** 1 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
**Priority:** STAT
**Question(s):**
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

☑ **Weight 80-100 kg**

☑ **Weight 80-100 kg Dose:** 1.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
**Priority:** STAT
**Question(s):**
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

☑ **Weight >100 KG**

☑ **Weight 80-100 kg Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
**Priority:** STAT
**Question(s):**
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

○ **For Patients with Cephalosporin Allergy - vancomycin + aztreonam**

☑ **Vancomycin IV**

| 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**

☑ **Weight < 80 kg Dose:** 1 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
**Priority:** STAT
**Question(s):**
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

☑ **Weight 80-100 kg**

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

☑ **Weight 80-100 kg** **Dose:** 1.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
**Question(s):**
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

☑ **Weight >100 KG**

☑ **Weight 80-100 kg** **Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
**Question(s):**
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

☑ **aztreonam (AZACTAM) IV** **Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
**Question(s):**
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

**Consults**

**CV Coordinator Consult**

☑ **Consult to CV Coordinator** **Frequency:** Once **Phase of Care:** Pre-op **Priority:** Routine
**Question(s):**
Reason for consult: CABG/VALVE Surgery
Reason for Consult?

**Additional Orders**

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