

<p>UMC Health System</p> <p>CARD OPEN HEART POD1 - POD3 PLAN - Phase: Card Open Heart Post-Op Day 1</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Vital Signs
 Per Unit Standards

Daily Weight

Ambulate Patient
 Ambulate in Room, POD1 Short Distances as tolerated. POD2 Ambulate TID. POD3 Ambulate QID and PRN ft.

CV Epicardial Pacing Protocol
 See Reference Text

Discontinue Gastric Tube
 DC Nasogastric - NG, DC when Pt. extubated.

Discontinue Arterial Line
 D/C on POD #1 at 0600 if CI greater than 2 and Urine Output greater than 0.5 mL/kg/hr. Apply pressure x 10 minutes. Leave pressure dressing for 8 hrs and then DC.

Discontinue PA Catheter (Discontinue Swan Ganz)
 D/C on POD #1 at 0600 if CI greater than 2 and Urine Output greater than 0.5 mL/kg/hr. Apply pressure x 10 minutes. Leave pressure dressing for 8 hrs and then DC.

Wound Care by Bedside Nursing
 T;N, Located: Chest Incision, Chlorhexadine Gluconate, Island Dressing, Change q12h, Sterile Dressing. Do NOT Rinse. May discontinue dressing upon discharge from hospital. If negative pressure wound therapy being utilized, discontinue the dressing at disc

Wound Care by Bedside Nursing
 T;N, Located: Leg Incision, Chlorhexadine Gluconate, 4x4 Gauze, Hypafix Tape, Change q12h, Do NOT Rinse. When pressure bandage is removed, keep open to air if wound does not have drainage. May discontinue dressing upon discharge from hospital.

Use the following orders for VAD Patients

VAD Dressing Change Type

LVAD Dressing Kit Traditional
 Other

LVAD Setting
 ONLY To be Changed by MCS Provider and LVAD Coordinators.

Communication

Notify Provider of VS Parameters
 SpO2 Less Than 92%

Dietary

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



CARD OPEN HEART POD1 - POD3 PLAN
- Phase: Card Open Heart Post-Op Day 1

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Oral Diet <input type="checkbox"/> Clear Liquid Diet, post NG removal <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular <input type="checkbox"/> Heart Healthy Diet <input type="checkbox"/> Carbohydrate Controlled (1200 calories) Heart Healthy Diet <input type="checkbox"/> Carbohydrate Controlled (1600 calories) Heart Healthy Diet <input type="checkbox"/> Carbohydrate Controlled (2000 calories) Heart Healthy Diet <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Full Liquid <input type="checkbox"/> Advance as tolerated to Heart Healthy
	Dietary Supplements <input type="checkbox"/> Supplement: Ensure Enlive (Complete), With All Meals <input type="checkbox"/> Supplement: Glucerna, With All Meals
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	amiodarone <input type="checkbox"/> 200 mg, PO, tab, BID
	rosuvastatin <input type="checkbox"/> 10 mg, PO, tab, Nightly
Other Medications	
	potassium chloride <input type="checkbox"/> 20 mEq, PO, tab sa, TID, PRN other To keep potassium level greater than or equal to 4 Mmol/L
	cloNIDine (cloNIDine 0.1 mg/24 hr transdermal film, extended release) <input type="checkbox"/> 0.1 mg/day, transdermal, adh patch, ONE TIME
	cloNIDine (cloNIDine 0.2 mg/24 hr transdermal film, extended release) <input type="checkbox"/> 0.2 mg/day, transdermal, adh patch, ONE TIME
	cloNIDine (cloNIDine 0.3 mg/24 hr transdermal film, extended release) <input type="checkbox"/> 0.3 mg/day, transdermal, adh patch, ONE TIME
Laboratory	
	CBC <input type="checkbox"/> Routine, T;N, Every AM for 3 days <input type="checkbox"/> Routine, T;N <input type="checkbox"/> Routine, T;N, Every AM for 1 days
	CBC with Differential <input type="checkbox"/> Routine, T;N, Every AM for 1 days <input type="checkbox"/> Routine, T;N
	Basic Metabolic Panel (BMP) <input type="checkbox"/> Routine, T;N, Every AM for 3 days <input type="checkbox"/> Routine, T;N <input type="checkbox"/> Routine, T;N, Every AM for 1 days
	Prothrombin Time with INR
	Magnesium Level
Respiratory	
	Oxygen (O2) Therapy <input type="checkbox"/> Via: Nasal cannula, Keep sats greater than: 92%, POD3 If O2 Sat greater than 92% may wean to room air.
	Respiratory Care Plan Guidelines

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ORDER	ORDER DETAILS
	IS Instruct <input type="checkbox"/> Instruct patient use of IS 10-15 times every 1 hour while awake 6am until 11pm

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Physician Signature: _____ Date _____ Time _____



UMC Health System

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CARD OPEN HEART POD1 - POD3 PLAN
- Phase: Card Open Heart Post-Op Day 3

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
Patient Care	
	Discontinue Pacemaker Wires
	Discontinue Central Line
	Convert IV to INT
Laboratory	
	CBC with Differential
	Prothrombin Time with INR
	Basic Metabolic Panel
	Magnesium Level

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

