

UMC Health System CARD OPEN HEART PRE-OP PLAN	Patient Label Here
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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
	LR (Lactated Ringer's) <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <div style="float: right;"> <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr </div>
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	chlorhexidine topical (chlorhexidine 0.12% mucous membrane liquid) <input type="checkbox"/> 15 mL, swish & spit, liq, ONE TIME
	metoprolol <input type="checkbox"/> 12.5 mg, PO, tab, OCTOR, x 24 hr To be administered morning of surgery. HOLD for SBP less than 100 or HR less than 50 bpm.
	cefuroxime (Zinacef) <input type="checkbox"/> 1.5 g, IVPush, inj, OCTOR, x 24 hr, Pre-OP/Post-Op Prophylaxis IV push within 1 hour of incision. Reconstitute with 16 mL of Sterile Water or NS Administer Slow IV Push over 3-5 minutes.
	vancomycin <input type="checkbox"/> 1,000 mg, IVPB, ivpb, OCTOR, x 24 hr, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis To be given within 2 hours of incision
	ascorbic acid <input type="checkbox"/> 1,000 mg, PO, tab, BID, x 2 dose Give night before surgery AND morning of surgery
	vitamin E <input type="checkbox"/> 1,000 units, PO, cap, BID, x 2 dose Give night before surgery AND morning of surgery
	allopurinol <input type="checkbox"/> 300 mg, PO, tab, BID, x 2 dose Give night before surgery AND morning of surgery.
	ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, ONE TIME, PRN anxiety Night before surgery if needed
	mupirocin topical (mupirocin 2% topical ointment) <input type="checkbox"/> 1 app, intra-nasal, oint, OCTOR Apply contents of tube evenly between both nostrils.
GI Prophylaxis	
	famotidine <input type="checkbox"/> 20 mg, PO, tab, BID
Laboratory	
	CBC
	Prothrombin Time with INR

TO Read Back

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Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



VTE PROPHYLAXIS PLAN

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
	<p>fondaparinux <input type="checkbox"/> 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



<p>UMC Health System</p> <p>BB TYPE AND SCREEN PLAN</p>	<p>Patient Label Here</p>
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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
	Laboratory
	BB Blood Type (ABO/Rh)
	BB Antibody Screen

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TO
 Read Back
 Scanned Powerchart
 Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____