UMC Health System		Patient Label Here	
CARD OPEN HEART PRE-OP PLAN			
		N ORDERS	
Diagnos	is		
Weight	Allergies		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail bo	ox(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	Perform Oral Care Per Unit Standards, Perform night before surgery. Brush teeth with toothpaste. Chlorhexidine mouth wash (15 mL swish and spit).		
	Communication		
	Pre-Op Patient Pre-Op for Open Heart, Chlorhexidine shower night before surgery and morning of surgery. Clip hair chin to ankles just prior to second shower.		
	Notify Nurse (DO NOT USE FOR MEDS) Obtain consent for Surgery and Blood Transfusion.		
	Medication Management Start date T;N Discontinue ARBS and ACE inhibitors two days prior to open heart procedure. DISCONTINUE all other meds at midnight, except for metoprolol, vitamin C, vitamin E, allopurinol, bactroban, cefuroxime, or vancomycin.		
	Instruct Patient (Educate Patient) Instruct Patient On: Other : Cardiovascular surgery Pre-Op form and teaching form, Provide Smoking Cessation counseling for patients with history of smoking cigarettes within the past year.		
	Notify Provider/Primary Team of Pt Admit		
	Dietary		
	Oral Diet Regular Diet 2 gram Sodium Diet	Heart Healthy Diet	
	NPO Diet ☐ NPO ☐ T;2359, NPO After Midnight, Except Meds	T;2359, NPO After Midnight	
	IV Solutions		
	NS (Normal Saline) □ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr	
	D5 1/2 NS □ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr	
	D5 1/2 NS + 20 mEq KCI/L ☐ IV, 75 mL/hr ☐ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr	
🗆 то	Read Back	Scanned Powerchart Scan	ned PharmScan
Order Take	n by Signature:	Date Tir	me
Physician Signature:			me

UMC Health System CARD OPEN HEART PRE-OP PLAN		Define the balling		
		Fa	tient Label Here	
	PHYSICIA			
			ar datail bay(aa) whare applicable	
ORDER	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	D an X in the specific orde	er detail box(es) where applicable.	
	LR (Lactated Ringer's)			
	□ IV, 75 mL/hr □ IV, 125 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr		
		1V, 150 mL/nr		
	Medications Medication sentences are per dose. You will need to calculate a tot	al daily doso if poodod		
	chlorhexidine topical (chlorhexidine 0.12% mucous membrane liquic	-		
	15 mL, swish & spit, liq, ONE TIME			
	metoprolol 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)			
	☐ 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			
	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			
	☐ 1,000 mg, PO, tab, BID, x 2 dose Give night before surgery AND morning of surgery			
	vitamin E 1,000 units, PO, cap, BID, x 2 dose			
	Give night before surgery AND morning of surgery			
	allopurinol			
	300 mg, PO, tab, BID, x 2 dose			
	Give night before surgery AND morning of surgery.			
	ALPRAZolam			
	0.25 mg, PO, tab, ONE TIME, PRN anxiety Night before surgery if needed			
	mupirocin topical (mupirocin 2% topical ointment)			
	Apply contents of tube evenly between both nostrils.			
	GI Prophylaxis			
	famotidine			
	20 mg, PO, tab, BID			
	Laboratory			
	CBC			
	Prothrombin Time with INR			
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Taken by Signature: Time			Time	
Order Taken by Signature:				
Physician Signature:		Datt	1 IIII	

UMC Health System		Patient Label Here	
CA	ARD OPEN HEART PRE-OP PLAN		
		N ORDERS	
ORDER	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	D an "X" in the specific orde	er detall box(es) where applicable.
ORDER	PTT		
	Comprehensive Metabolic Panel		
	Hemoglobin A1C		
	Urinalysis		
	BB Platelet for pts 25 kg or GREATER (BB Platelet for Cardiac Surgery Order)		
	BB Plasma for pts 25 kg or GREATER Quantity: 4, units to transfuse		
	Diagnostic Tests EKG-12 Lead		
	DX Chest PA & Lateral		
	DX Chest Portable		
	Respiratory		
	Arterial Blood Gas		
	Respiratory Care Plan Guidelines		
	IS Instruct		
	Consults/Referrals		
	Consult MD Service: Anesthesiology, Reason: Pre-Op		
	Consult MD Service: Other : Hyperglycemic Management, Provider: Charlotte J. H	arris, FNP, Reason: Patient s	cheduled for Open Heart surgery
	Consult Dietitian for Diet Education		
	Additional Orders		
		1	
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Taken by Signature: Date Time			Time
	Signature:	Date	Time



UMC Health System VTE PROPHYLAXIS PLAN		Patient Label Here		
	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS			
	Patient Care			
	VTE Guidelines			
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindi cated			
	Contraindications VTE	_		
	Active/high risk for bleeding	Treatment not indicated		
	Patient or caregiver refused Anticipated procedure within 24 hours	 Other anticoagulant ordered Intolerance to all VTE chemoprophylaxis 		
	Apply Elastic Stockings			
	Apply to: Bilateral Lower Extremities, Length: Knee High	Apply to: Left Lower Extremity (LLE), Length: Knee High		
	Apply to: Right Lower Extremity (RLE), Length: Knee High	Apply to: Bilateral Lower Extremities, Length: Thigh High		
	Apply to: Left Lower Extremity (LLE), Length: Thigh High	Apply to: Right Lower Extremity (RLE), Length: Thigh High		
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	Apply to Left Lower Extremity (LLE)		
	Medications			
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.		
	VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight. enoxaparin (enoxaparin for weight 40 kg or GREATER)			
	VTE Prophylaxis: Non-Trauma Dosing			
	enoxaparin (enoxaparin for weight 40 kg or GREATER) 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pha	rmacv to Adjust Dose per Renal Function		
	🔲 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pha	rmacy to Adjust Dose per Renal Function		
	30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pha 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for l			
	per Renal Function			
	heparin			
	└ 5,000 units, subcut, inj, q12h	5,000 units, subcut, inj, q8h		
	rivaroxaban ☐ 10 mg, PO, tab, In PM			
	warfarin □ 5 mg, PO, tab, In PM			
	aspirin ☐ 81 mg, PO, tab chew, Daily	☐ 325 mg, PO, tab, Daily		
	Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min			
Пто	Read Back	Scanned Powerchart Scanned PharmScan		
Order Take	on by Signature:	Date Time		
Physician Signature: Time Time				

4 of 6

UMC Health System VTE PROPHYLAXIS PLAN		Patient Label Here	
		re I	itient Label Here
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		er detail box(es) where applicable.
ORDER			
	fondaparinux ☐ 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or Cr0	CI LESS than 30 mL/min	
∟ □ то	Read Back	Scanned Powerchart	Scanned PharmScan
	m by Signature:		
r nysician	Signature:	Date	Time



UMC Health System		Pa	tient Label Here
BB TYPE AND SCREEN PLAN		ra 	
	PHYSICIA	IN ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		r detail box(es) where applicable.
ORDER			
	Laboratory		
	BB Blood Type (ABO/Rh)		
	BB Antibody Screen		
то	Read Back	Scanned Powerchart	Scanned PharmScan
	n by Signature:		
Physician	Signature:	Date	Time