

UMC Health System CARD THORACOTOMY PRE-OP PLAN	Patient Label Here
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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

Perform Oral Care
 Perform night before surgery. Brush teeth with toothpaste, then swish and spit 15 mL chlorhexidine mouth wash

Communication

Pre-Op Patient
 Pre-Op for Thoracotomy, Chlorhexidine shower night before surgery and morning of surgery. Prior to second shower, clip hair on thorax if excessive body hair present.

Notify Nurse (DO NOT USE FOR MEDS)
 Obtain consent for surgery and blood transfusion.

Dietary

NPO Diet
 NPO T;2359, NPO After Midnight
 T;2359, NPO After Midnight, Except Meds

Oral Diet

IV Solutions

NS (Normal Saline)
 IV, 75 mL/hr IV, 100 mL/hr
 IV, 125 mL/hr IV, 150 mL/hr

D5 1/2 NS
 IV, 75 mL/hr IV, 100 mL/hr
 IV, 125 mL/hr IV, 150 mL/hr

D5 1/2 NS + 20 mEq KCl/L
 IV, 75 mL/hr IV, 100 mL/hr
 IV, 125 mL/hr IV, 150 mL/hr

LR (Lactated Ringer's)
 IV, 75 mL/hr IV, 100 mL/hr
 IV, 125 mL/hr IV, 150 mL/hr

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)
 15 mL, swish & spit, mouthwash, ONE TIME

cefuroxime (Zinacef)
 1.5 g, IVPush, inj, OCTOR, x 24 hr, Pre-OP/Post-Op Prophylaxis
 Pre-Op Antibiotic. To be given by anesthesia prior to surgery. DO NOT ADMINISTER ON FLOOR.
 Reconstitute with 16 mL of Sterile Water or NS
 Administer Slow IV Push over 3-5 minutes.
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TO Read Back Scanned Powerchart 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 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</p> <p>fondaparinux</p> <p><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

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