# CARD THORACOTOMY PRE-OP PLAN

### **Patient Label Here**

PHYSICIAN ORDERS				
Diagnosi	Diagnosis			
Weight	Allergies			
	Place an "X" in the Orders column to designate orders of choice A	AND an "x" in the specific order det	ail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Patient Care			
	Perform Oral Care  Perform night before surgery. Brush teeth with toothpaste, then sw			
	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, Except Meds	☐ T;2359, NPO After Midnight		
	Oral Diet			
	IV Solutions			
	NS (Normal Saline)  IV, 75 mL/hr  IV, 125 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr		
	<b>D5 1/2 NS</b> ☐ 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		
	LR (Lactated Ringer's)  ☐ IV, 75 mL/hr ☐ IV, 125 mL/hr	☐ IV, 100 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. Continued on next page			
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Order Take	n by Signature:	Date	Time	
Physician Signature:		Date	Time	

# CARD THORACOTOMY PRE-OP PLAN

Patient	Lahal	Hara
Panem	Labei	nere

	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			
	vancomycin  ☐ 1,000 mg, IVPB, ivpb, OCTOR, x 24 hr, Infuse over 90 min, Pre-OF Pre-Op Antibiotic. To be given by anesthesia prior to surgery. DO N			
	Laboratory			
	CBC			
	Prothrombin Time with INR			
	PTT			
	Basic Metabolic Panel			
	Comprehensive Metabolic Panel			
	***Perform pregnancy test if patient is premenopausal female.***			
	Beta HCG Serum Qualitative			
	Urinalysis			
	Diagnostic Tests			
	EKG-12 Lead			
	DX Chest PA & Lateral			
	Pulmonary Function Test, Complete			
	Respiratory Autorial Blood Con			
	Arterial Blood Gas			
	Respiratory Care Plan Guidelines			
	IS Instruct			
	Consults/Referrals Consult MD			
	Service: Anesthesiology, Reason: Pre-Op			
	Additional Orders			
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Order Taken by Signature:  Physician Signature:		Date	Time	
r nysician S	orginature.	Date	Time	

Version: 4 Effective on: 09/24/21

# VTE PROPHYLAXIS PLAN

### **Patient Label Here**

PHYSICIAN ORDERS  Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) wher ORDER ORDER DETAILS  Patient Care  VTE Guidelines  See Reference Text for Guidelines  ***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated***  Contraindications VTE  Active/high risk for bleeding  Treatment not indicated		
ORDER ORDER DETAILS  Patient Care  VTE Guidelines  See Reference Text for Guidelines  ***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated***  Contraindications VTE		
Patient Care  VTE Guidelines  ☐ See Reference Text for Guidelines  ***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated***  Contraindications VTE		
VTE Guidelines ☐ See Reference Text for Guidelines  ***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated***  Contraindications VTE		
See Reference Text for Guidelines  ***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated***  Contraindications VTE		
cated***  Contraindications VTE		
L L LOS DECUNERDOS DE DECUNO LA LA LICENSE DE LA LICENSE D		
Patient or caregiver refused		
☐ Anticipated procedure within 24 hours ☐ Intolerance to all VTE chemoprophylaxis		
Apply Elastic Stockings  Apply to: Bilateral Lower Extremities, Length: Knee High Apply to: Right Lower Extremity (RLE), Length: Knee High Apply to: Left Lower Extremity (RLE), Length: Thigh High Apply to: Right Lower Extremity (RLE), Length: Thigh High	nigh High	
Apply Sequential Compression Device  Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)  Apply to Right Lower Extremity (RLE)		
Apply Pedal Pump Apply to Bilateral Feet Apply to Right Foot Apply to Right Foot		
Medications		
Medication sentences are per dose. You will need to calculate a total 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)  □ 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to Adjust Dose per Renal Function Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight  heparin □ 5,000 units, subcut, inj, q12h □ 5,000 units, subcut, inj, q8h		
VTE Prophylaxis: Non-Trauma Dosing  enoxaparin (enoxaparin for weight 40 kg or GREATER)  40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function		
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		
☐ TO ☐ Read Back ☐ Scanned Powerchart ☐ Scanned Pharm	nScan	
Order Taken by Signature: DateTime		

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# VTE PROPHYLAXIS PLAN

### Patient Label Here

	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	DER ORDER DETAILS		
	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  fondaparinux  2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min		
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Order Take	r Taken by Signature: Date Time		
	ician Signature: Date Time		

Patient	Labal	Hara
Patient	Label	Here

BE	B TYPE AND SCREEN PLAN		
	PHYSIC	IAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice		r detail box(es) where applicable.
ORDER	ORDER DETAILS		
JI COLIN	Laboratory		
	BB Blood Type (ABO/Rh)		
	BB Antibody Screen		
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Order Take	n by Signature:	Date	Time
	Signature:		Time
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