CARDIO PRE HYBRID OR PLAN - Phase: Diagnostic/Pre-Op Orders

	PHYSICIAN ORDERS				
Diagnosi	Diagnosis				
Weight					
Wolgin	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				
ORDER	Admit/Discharge/Transfer				
	Request for Outpatient Services (Request Cardiac Outpatient Services) Location: Outpatient Surgery				
	Communication				
	Instruct Patient Instruct Patient On: Other Take the following medications the morning of surgery, with a sip of water, Please take:				
	Instruct Patient Instruct Patient On: Incentive spirometry				
	Misc Patient Care Order				
	Obtain Consent				
	Medications Medications				
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. *******UMC Outpatient Surgery does NOT dispense medications to patients for home use******				
	Laboratory				
	Click to review cardiac labs				
	Anti Xa Level				
	Basic Metabolic Panel Routine Outpatient/PACU, T;N				
	Brain Natriuretic Peptide (proBNP) Routine Outpatient/PACU, T;N				
	CBC ☐ Routine Outpatient/PACU, T;N				
	CBC with Differential Routine Outpatient/PACU, T;N				
	Comprehensive Metabolic Panel Routine Outpatient/PACU, T;N				
	Digoxin Level				
	Hemoglobin A1C				
	Lipid Panel				
	POC ACT				
	Prothrombin Time with INR ☐ Routine Outpatient/PACU, T;N				
	PTT Routine Outpatient/PACU, T;N				
	TSH Routine Outpatient/PACU, T;N				
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan				
0					
Order Take	n by Signature: Date Time				
Physician S	Signature: Date Time				

CARDIO PRE HYBRID OR PLAN - Phase: Diagnostic/Pre-Op Orders

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	ER ORDER DETAILS				
	Urinalysis ☐ Urine, Routine Outpatient/PACU, T;N				
	Urine Random Drug Screen Urine, Routine Outpatient/PACU, T;N				
	BB Plasma for pts 25 kg or GREATER				
	BB Platelet for pts 25 kg or GREATER (BB Platelet for Cardiac Surgery Order)				
	BB PRBC for pts 25 kg or GREATER				
	ALL FEMALES OF CHILD BEARING YEARS UNLESS STERILE OR KNOWN PRE	GNANCY			
	POC Urine Pregnancy ☐ T;N				
	Beta HCG Serum Qualitative (Qualitative Beta HCG Serum) STAT OUTPATIENT/PACU, T;N				
	Urine Beta hCG ☐ Urine, STAT OUTPATIENT/PACU, T;N				
	Diagnostic Tests				
	EKG-12 Lead ☐ Routine, Pre-Op exam				
	Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTE) with contrast if needed)				
	Limited Echo Transthoracic (Limited TTE)				
	Radiography				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU				
	DX Chest PA & Lateral				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU Respiratory				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU Respiratory				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU Respiratory				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU Respiratory				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU Respiratory				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU Respiratory				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU Respiratory				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU Respiratory				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU Respiratory				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU Respiratory				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU Respiratory				
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU Respiratory				
Пто	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU Respiratory Bedside Spirometry (Bedside PFT)	Powerchart			
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU DX Chest Single View STAT, Portable, Post-Op. Patient in PACU Respiratory Bedside Spirometry (Bedside PFT) TO Read Back Scanned	Powerchart Scanned PharmScan			

Version: 2 Effective on: 05/05/22

CARDIO PRE HYBRID OR PLAN - Phase: OPS/OR Holding Pre-Op Orders

	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		
	Condition/Status		
	If this patient is an OUTPATIENT, you MUST place the Code Status of	rder below:	
	Code Status Code Status: Full Code	☐ Code Status: DNR/AND (Allow Natural Death)	
	Code Status: Full Code Code Status: Care Limitation	Code Status. DNNAND (Allow Natural Death)	
	Patient Care		
	Pre-Operative Warming Orders □ ***See Reference Text***		
	Betadine 10% Nasal Antiseptic Swab ☐ bilateral nares one hour before going to OR		
	Continuous Pulse Oximetry		
	Continuous Telemetry (Intermediate Care)		
	Insert Peripheral Line		
	Obtain Consent		
	Vital Signs ☐ Per Unit Standards		
	Apply Elastic Stockings ☐ Apply to: Bilateral Lower Extremities, Length: Thigh High ☐ To non-operative extremity	☐ Apply to: Bilateral Lower Extremities, Length: Knee High	
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities		
· ·	POC by Nursing		
	POC Blood Sugar Check ONE TIME, upon arrival	☐ q4h	
	POC Chem 8		
	POC Hemoglobin and Hematocrit		
	POC PT with INR		
	TEE (Transesophageal Echo)		
	Echo Transesophageal w/wo contrast (Card (TEE w/wo contrast (Card TEE w/wo con	cardio only))	
	Echo Transesophageal w/wo contrast (Card (TEE	ardio only))	
	Obtain Consent Consent for: Transesophageal Echocardiogram		
	TEE Medications		
	lidocaine topical (Lidocaine Viscous 2% mucous membrane soluti ☐ 15 mL, swish &swallow, liq, as needed, PRN exam	on)	
	benzocaine topical (benzocaine 20% mucous membrane spray) 1 spray, mucous membrane, spray, as needed, PRN exam		
□ то	☐ Read Back	☐ Scanned Powerchart ☐ Scanned PharmScan	
Order Take	Order Taken by Signature: Date Time		
Physician S	Signature:	DateTime	

CARDIO PRE HYBRID OR PLAN - Phase: OPS/OR Holding Pre-Op Orders

Patient	Labol	Horo
Patient	ı anei	Here

	PHYSICIAN ORDERS			
Т	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			
	methylene blue 2 mg/kg, IVPush, inj, ONE TIME, PRN other IVPush over 5 minutes. For methemoglobinemia.			
	Communication			
	Misc Patient Care Order			
	Notify Nurse (DO NOT USE FOR MEDS)			
	Pre-Op Instructions ☐ Instruct on incentive spirometry.			
	Pre-Op Patient ☐ Chlorhexidine shower morning of surgery. Clip hair chin to toes just pr	rior to shower.		
	Pre-Op Patient			
	Notify Provider (Misc) ☐ Reason: dye allergies			
	Notify Provider (Misc) Reason: if H&P is not on the chart			
	Notify Provider (Misc) T;N, Reason: report last dose of anticoagulant, antiplatelet, and/or inst	ulin.		
	Notify Provider (Misc) Reason: of creatinine greater than 2.0 mg/dL			
	Notify Provider (Misc) Reason: of INR greater than 1.5			
	Pre-Op Patient ☐ Pre-Op for Cath, Clip hair bilateral groin area.			
	Instruct Patient Instruct Patient On: Other Take the following medications the morning of procedure, with a sip of water, Please take:			
	Dietary			
	NPO Diet NPO After Midnight, Except Meds, NPO Reason: Procedure			
	IV Solutions			
	NS ☐ IV, 50 mL/hr	☐ IV, 75 mL/hr		
	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	☐ IV, 125 mL/hr		
	□ IV, 150 IIIL/III			
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician S	ignature:	Date	Time	

CARDIO PRE HYBRID OR PLAN - Phase: OPS/OR Holding Pre-Op Orders

	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			
	1/2 NS ☐ IV, 50 mL/hr ☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	☐ IV, 75 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr		
	D5 1/2 NS ☐ IV, 50 mL/hr ☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	☐ IV, 75 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr		
	Medications			
	Medication sentences are per dose. You will need to calculate a total gentamicin-polymyxin 250 mL irrigation 80 mg, irrigation, irrigation soln, OCTOR, Infuse over 0 hr, Pre-OP/Polymon 50,000 units, Every Bag 250 mL, Every Bag	•		
	Antibiotics			
	ceFAZolin 1 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes			
	If patient is allergic to penicillins, order vancomycin.			
	vancomycin ☐ 1,000 mg, IVPB, ivpb, OCTOR, Infuse over 90 min, Pre-OP/Post-Op F Administer 1 hour before surgery	Prophylaxis		
	Laboratory			
	Click to review cardiac labs			
	Anti Xa Level STAT OUTPATIENT/PACU, T;N			
	Basic Metabolic Panel (BMP) ☐ STAT OUTPATIENT/PACU, T;N			
	Brain Natriuretic Peptide (proBNP) ☐ STAT OUTPATIENT/PACU, T;N			
	CBC ☐ STAT OUTPATIENT/PACU, T;N			
	Comprehensive Metabolic Panel STAT OUTPATIENT/PACU, T;N			
	Digoxin Level ☐ STAT OUTPATIENT/PACU, T;N			
	Hemoglobin A1C ☐ STAT OUTPATIENT/PACU, T;N			
	Lipid Panel ☐ STAT OUTPATIENT/PACU, T;N			
□ то	☐ Read Back	Scanned Powerchart	☐ Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician S	Signature:	Date	Time	

CARDIO PRE HYBRID OR PLAN - Phase: OPS/OR Holding Pre-Op Orders

	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			
	Magnesium Level ☐ STAT, T;N			
	Prothrombin Time with INR ☐ STAT OUTPATIENT/PACU, T;N			
	POC ACT			
	Urinalysis ☐ Urine, STAT OUTPATIENT/PACU, T;N			
	Urine Random Drug Screen ☐ Urine, STAT OUTPATIENT/PACU, T;N			
	ALL FEMALES OF CHILD BEARING YEARS UNLESS STERILE OR KNO	OWN PREGNANCY		
	Urine Beta hCG ☐ Urine, STAT OUTPATIENT/PACU, T;N			
	Beta HCG Serum Qualitative (Qualitative Beta HCG Serum)			
	Diagnostic Tests			
	EKG-12 Lead ☐ T;N, Routine, Pre-Op exam			
	Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTE) w	rith contrast if needed)		
	Limited Echo Transthoracic (Limited TTE)			
	Respiratory			
	Arterial Blood Gas STAT, Patient in OPS.			
	IS Instruct			
	Consults/Referrals			
	Consult MD ☐ Service: Anesthesiology, Reason: Pre-Op, Routine			
	Additional Orders			
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	ten by Signature:	Date	Time	
	Signature:	Date	Time	
- njorcian s	· · · · · · · · · · · · · · · · · · ·	Date		

CARDIO PRE HYBRID OR PLAN

- H	Phase: Outpatient Surgical Procedure		
	PHYSICIA	IN ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		letail hoy(es) where annlicable
ORDER	ORDER DETAILS	ib an X in the specific order c	tetali box(es) where applicable.
INDLK	Patient Care		
	DO NOT MODIFY THIS ORDER, PROCEED TO THE DIAGNOSTIC/PR	RE-OP PHASE.	
	Outpatient Surgical Procedure		
	•		
□ то	☐ Read Back	Scanned Powerchart	☐ Scanned PharmScan
	n by Signature:	Date	
Physician S	Signature:	Date	Time

CARDIO PRE HYBRID OR PLAN - Phase: PACU Orders

	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			
	Vital Signs ☐ Per Unit Standards			
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities			
	Communication			
	Notify Provider of VS Parameters			
	Laboratory			
	Click to review cardiac labs			
	Basic Metabolic Panel STAT OUTPATIENT/PACU, T;N, Vendor Bill No			
	CBC ☐ STAT OUTPATIENT/PACU, T;N, Vendor Bill No			
	Comprehensive Metabolic Panel STAT OUTPATIENT/PACU, T;N, Vendor Bill No			
	Hemoglobin and Hematocrit STAT OUTPATIENT/PACU, T;N, Vendor Bill No			
	POC Chem 8			
	POC Hemoglobin and Hematocrit			
	Diagnostic Tests			
	EKG-12 Lead ☐ STAT, upon arrival to unit.			
	Radiography			
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU			
	DX Chest Single View STAT, Portable, Post-Op. Patient in PACU			
□ то	☐ Read Back ☐ S	Scanned Powerchart	Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
Physician S	Signature:	Date	Time	

Patient Label Here

CARDIO PRE HYBRID OR PLAN
- Phase: CONTRAST ALLERGY PREMEDICATION PROTOCOL

	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			
	Premedication Regimen to Reduce Contrast (Premedication Regimen to Reduce Contrast Reactions Protocol) T;N, ***See Reference Text***			
	Medications Medications Medications			
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. Accelerated Premedication:			
	Select methylprednisolone and ONE diphenhydramine.			
	methylPREDNISolone			
	40 mg, IVPush, inj, q4h, x 24 hr, Solu-Medrol			
	To be given every 4 hours until contrast study completed. Premedication for contrast allergy.			
	Diphenhydramine to be given 1 hour before study with contrast, if possible. If study to be done in less than one hour, diphenhydramine will be given now.			
	Select the following diphenhydramine if study is to be done in MORE than one hour.			
	<u>di</u> phenhydrAMINE			
	☐ 50 mg, IVPush, inj, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.			
	To be given i nour before study with contrast. I remedication for contrast allergy.			
	Select the following diphenhydramine if study is to be done in LESS than one hour.			
	diphenhydrAMINE ☐ 50 mg, IVPush, inj, ONE TIME Premedication for contrast allergy.			
	Oral Elective Premedication:			
	To be given 13 hours before study with contrast.			
	predniSONE ☐ 50 mg, PO, tab, Pre Med, x 24 hr			
	To be given 13 hours before study with contrast. Premedication for contrast allergy.			
	To be given 7 hours before study with contrast.			
	predniSONE			
	☐ 50 mg, PO, tab, Pre Med, x 24 hr To be given 7 hours before study with contrast. Premedication for contrast allergy.			
	To be given 1 hour before study with contrast.			
	predniSONE			
	☐ 50 mg, PO, tab, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.			
	diphenhydrAMINE ☐ 50 mg, PO, cap, Pre Med, x 24 hr			
	To be given 1 hour before study with contrast. Premedication for contrast allergy.			
	IV Elective Premedication: (if unable to take oral medications)			
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan			
Order Take	n by Signature: Date Time			
Physician S	Signature: Date Time			

Patient Label Here

CARDIO PRE HYBRID OR PLAN
- Phase: CONTRAST ALLERGY PREMEDICATION PROTOCOL

	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			
	To be given 13 hours before study with contrast. methylPREDNISolone 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 13 hours before study with contrast. Premedication for contrast allergy.			
	To be given 7 hours before study with contrast. methylPREDNISolone 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 7 hours before study with contrast. Premedication for contrast allergy.			
	To be given 1 hour before study with contrast. methylPREDNISolone 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 1 hour before study with contrast. Premedication for contrast allergy.			
	diphenhydrAMINE ☐ 50 mg, IVPush, inj, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.			
□ то	Read Back Scanned Powerchart Scanned PharmScan			
Order Take	n by Signature: Date Time			
Physician S	Signature: Date Time			

Patient Label Here

CARDIO PRE HYBRID OR PLAN - Phase: OUTPATIENT BB TYPE AND SCREEN

	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) Routine Outpatient/PACU, T;N, Vendor Bill No			
	BB Antibody Screen ☐ Routine Outpatient/PACU, T;N, Vendor Bill No			
	BB Clot to Hold Routine Outpatient/PACU, T;N, Vendor Bill No			
□то	☐ Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician S	Signature:	Date	Time	