

CARDIO PRE HYBRID OR PLAN
- Phase: Diagnostic/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
	Urinalysis <input type="checkbox"/> Urine, Routine Outpatient/PACU, T;N
	Urine Random Drug Screen <input type="checkbox"/> 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 PREGNANCY POC Urine Pregnancy <input type="checkbox"/> T;N
	Beta HCG Serum Qualitative (Qualitative Beta HCG Serum) <input type="checkbox"/> STAT OUTPATIENT/PACU, T;N
	Urine Beta hCG <input type="checkbox"/> Urine, STAT OUTPATIENT/PACU, T;N
Diagnostic Tests	
	EKG-12 Lead <input type="checkbox"/> 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 <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Chest Single View <input type="checkbox"/> STAT, Portable, Post-Op. Patient in PACU
Respiratory	
	Bedside Spirometry (Bedside PFT)

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System CARDIO PRE HYBRID OR PLAN - Phase: OPS/OR Holding 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	ORDER DETAILS
	Condition/Status
	If this patient is an OUTPATIENT, you MUST place the Code Status order below: Code Status <input type="checkbox"/> Code Status: Full Code <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death) <input type="checkbox"/> Code Status: Care Limitation
	Patient Care
	Pre-Operative Warming Orders <input type="checkbox"/> ***See Reference Text***
	Betadine 10% Nasal Antiseptic Swab <input type="checkbox"/> bilateral nares one hour before going to OR
	Continuous Pulse Oximetry
	Continuous Telemetry (Intermediate Care)
	Insert Peripheral Line <input type="checkbox"/> x2 sites
	Obtain Consent
	Vital Signs <input type="checkbox"/> Per Unit Standards
	Apply Elastic Stockings <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High <input type="checkbox"/> To non-operative extremity
	Apply Sequential Compression Device <input type="checkbox"/> Apply to Bilateral Lower Extremities
	POC by Nursing
	POC Blood Sugar Check <input type="checkbox"/> ONE TIME, upon arrival <input type="checkbox"/> 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 (Cardio only)) <input type="checkbox"/> Atrial Fibrillation
	Echo Transesophageal w/wo contrast (Card (TEE w/wo contrast (Cardio only)) <input type="checkbox"/> Atrial Flutter
	Obtain Consent <input type="checkbox"/> Consent for: Transesophageal Echocardiogram
	TEE Medications
	lidocaine topical (Lidocaine Viscous 2% mucous membrane solution) <input type="checkbox"/> 15 mL, swish &swallow, liq, as needed, PRN exam
	benzocaine topical (benzocaine 20% mucous membrane spray) <input type="checkbox"/> 1 spray, mucous membrane, spray, as needed, PRN exam

TO
 Read Back
 Scanned Powerchart
 Scanned PharmScan

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



UMC Health System CARDIO PRE HYBRID OR PLAN - Phase: OPS/OR Holding 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	ORDER DETAILS
	methylene blue <input type="checkbox"/> 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 <input type="checkbox"/> Instruct on incentive spirometry.
	Pre-Op Patient <input type="checkbox"/> Chlorhexidine shower morning of surgery. Clip hair chin to toes just prior to shower.
	Pre-Op Patient
	Notify Provider (Misc) <input type="checkbox"/> Reason: dye allergies
	Notify Provider (Misc) <input type="checkbox"/> Reason: if H&P is not on the chart
	Notify Provider (Misc) <input type="checkbox"/> T;N, Reason: report last dose of anticoagulant, antiplatelet, and/or insulin.
	Notify Provider (Misc) <input type="checkbox"/> Reason: of creatinine greater than 2.0 mg/dL
	Notify Provider (Misc) <input type="checkbox"/> Reason: of INR greater than 1.5
	Pre-Op Patient <input type="checkbox"/> Pre-Op for Cath, Clip hair bilateral groin area.
	Instruct Patient <input type="checkbox"/> Instruct Patient On: Other Take the following medications the morning of procedure, with a sip of water, Please take:
Dietary	
	NPO Diet <input type="checkbox"/> NPO After Midnight, Except Meds, NPO Reason: Procedure
IV Solutions	
	NS <input type="checkbox"/> IV, 50 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	<input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician 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
	1/2 NS <input type="checkbox"/> IV, 50 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr
	D5 1/2 NS <input type="checkbox"/> IV, 50 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	gentamicin-polymyxin 250 mL irrigation <input type="checkbox"/> 80 mg, irrigation, irrigation soln, OCTOR, Infuse over 0 hr, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 50,000 units, Every Bag <input type="checkbox"/> 250 mL, Every Bag <input type="checkbox"/> 500,000 units, Every Bag
Antibiotics	
	ceFAZolin <input type="checkbox"/> 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 <input type="checkbox"/> 1,000 mg, IVPB, ivpb, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis Administer 1 hour before surgery
Laboratory	
	Click to review cardiac labs
	Anti Xa Level <input type="checkbox"/> STAT OUTPATIENT/PACU, T;N
	Basic Metabolic Panel (BMP) <input type="checkbox"/> STAT OUTPATIENT/PACU, T;N
	Brain Natriuretic Peptide (proBNP) <input type="checkbox"/> STAT OUTPATIENT/PACU, T;N
	CBC <input type="checkbox"/> STAT OUTPATIENT/PACU, T;N
	Comprehensive Metabolic Panel <input type="checkbox"/> STAT OUTPATIENT/PACU, T;N
	Digoxin Level <input type="checkbox"/> STAT OUTPATIENT/PACU, T;N
	Hemoglobin A1C <input type="checkbox"/> STAT OUTPATIENT/PACU, T;N
	Lipid Panel <input type="checkbox"/> STAT OUTPATIENT/PACU, T;N

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

CARDIO PRE HYBRID OR PLAN
- Phase: Outpatient Surgical Procedure

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

DO NOT MODIFY THIS ORDER, PROCEED TO THE DIAGNOSTIC/PRE-OP PHASE.

Outpatient Surgical Procedure

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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) <input type="checkbox"/> T;N, ***See Reference Text***
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 <input type="checkbox"/> 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. diphenhydrAMINE <input type="checkbox"/> 50 mg, IVPush, inj, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.
	Select the following diphenhydramine if study is to be done in LESS than one hour. diphenhydrAMINE <input type="checkbox"/> 50 mg, IVPush, inj, ONE TIME Premedication for contrast allergy.
	Oral Elective Premedication: To be given 13 hours before study with contrast. predniSONE <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 50 mg, PO, tab, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.
	diphenhydrAMINE <input type="checkbox"/> 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)

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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
	<p>To be given 13 hours before study with contrast.</p> <p>methyIPREDNISolone <input type="checkbox"/> 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 13 hours before study with contrast. Premedication for contrast allergy.</p>
	<p>To be given 7 hours before study with contrast.</p> <p>methyIPREDNISolone <input type="checkbox"/> 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 7 hours before study with contrast. Premedication for contrast allergy.</p>
	<p>To be given 1 hour before study with contrast.</p> <p>methyIPREDNISolone <input type="checkbox"/> 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 1 hour before study with contrast. Premedication for contrast allergy.</p>
	<p>diphenhydrAMINE <input type="checkbox"/> 50 mg, IVPush, inj, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

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

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

