

UMC Health System CARDIO PRE TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) PLAN - Phase: Diagnostic/Pre-Op Orders	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

Admit/Discharge/Transfer

Request for Outpatient Services (Request Cardiac Outpatient Services)
 Location: Outpatient Surgery

Communication

Obtain Consent
 Consent for: TAVR

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

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
 Routine Outpatient/PACU, T;N

Basic Metabolic Panel
 Routine Outpatient/PACU, T;N, Vendor Bill No

Brain Natriuretic Peptide (proBNP)
 Routine Outpatient/PACU, T;N

CBC
 Routine Outpatient/PACU, T;N, Vendor Bill No

CBC with Differential
 Routine Outpatient/PACU, T;N, Vendor Bill No

Comprehensive Metabolic Panel
 Routine Outpatient/PACU, T;N, Vendor Bill No

Digoxin Level
 Routine Outpatient/PACU, T;N

Hemoglobin A1C
 Routine Outpatient/PACU, T;N

Lipid Panel
 Routine Outpatient/PACU, T;N

Magnesium Level
 Routine Outpatient/PACU, T;N

POC ACT

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

UMC Health System

Patient Label Here

**CARDIO PRE TRANSCATHETER AORTIC VALVE
REPLACEMENT (TAVR) 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
	Prothrombin Time with INR <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	PTT <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	Urine Random Drug Screen <input type="checkbox"/> Urine, Routine Outpatient/PACU, T;N, Vendor Bill No
	TSH <input type="checkbox"/> Routine Outpatient/PACU, T;N
	Urinalysis <input type="checkbox"/> Urine, Routine Outpatient/PACU, T;N, Vendor Bill No
	BB Plasma for pts 25 kg or GREATER <input type="checkbox"/> Quantity: 4, units to transfuse
	BB Platelet for pts 25 kg or GREATER (BB Platelet for Cardiac Surgery Order) <input type="checkbox"/> Priority: PreOP
	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)
	Urine Beta hCG
Diagnostic Tests	
	EKG-12 Lead <input type="checkbox"/> Routine, Pre-Op exam
Radiography	
	DX Chest PA & Lateral <input type="checkbox"/> STAT, Portable, Pre-op
	DX Chest Single View <input type="checkbox"/> STAT, Portable, Pre-Op
Respiratory	
	Bedside Spirometry (Bedside PFT)

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

CARDIO PRE TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) 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 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: Directive to Physician
Patient Care	
	Pre-Operative Warming Orders <input type="checkbox"/> ***See Reference Text***
	Betadine 10% Nasal Antiseptic Swab <input type="checkbox"/> ONE TIME, Swab Bilateral Nares 1 hour before procedure
	Continuous Pulse Oximetry
	Continuous Telemetry (Intermediate Care)
	Insert Peripheral Line
	Obtain Consent <input type="checkbox"/> Consent for: Transcatheter Aortic Valve Replacement (TAVR)
	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 ACT <input type="checkbox"/> T;N
	POC Blood Sugar Check <input type="checkbox"/> T;N
	POC Chem 8 <input type="checkbox"/> T;N
	POC Hemoglobin and Hematocrit <input type="checkbox"/> T;N
	POC PT with INR <input type="checkbox"/> T;N
Communication	
	Pre-Op Patient <input type="checkbox"/> Pre-Op for TAVR, Chlorhexidine shower morning of surgery. Clip hair chin to toes just prior to shower.
	Pre-Op Patient
	Pre-Op Instructions <input type="checkbox"/> Instruct on incentive spirometry.

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



CARDIO PRE TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) 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
	Misc Patient Care Order
	Notify Nurse (DO NOT USE FOR MEDS)
	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
	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	
	Outpatient Diet <input type="checkbox"/> NPO <input type="checkbox"/> NPO, except meds.
IV Solutions	
	NS <input type="checkbox"/> IV, 50 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 200 mL/hr
	D5 1/2 NS <input type="checkbox"/> IV, 50 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 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.	
Beta Blocker is required if it is a home medication. If patient is on a Beta Blocker at home and med is not given, document contraindication	
metoprolol (metoprolol tartrate) <input type="checkbox"/> 12.5 mg, PO, tab, OCTOR	
Contraindications Beta Blocker <input type="checkbox"/> Allergy or Sensitivity <input type="checkbox"/> Bradycardia or Heart Block <input type="checkbox"/> Chronic Lung Disease -- Asthma <input type="checkbox"/> Severe Hypotension <input type="checkbox"/> Other (specify below in other reason)	
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 Continued on next page....	

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

CARDIO PRE TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) 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
	<p>If patient is allergic to penicillins, order vancomycin.</p> <p>vancomycin</p> <p><input type="checkbox"/> 1,000 mg, IVPB, ivpb, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis Administer 1 hour before surgery</p>
Diagnostic Tests	
	<p>EKG-12 Lead</p> <p><input type="checkbox"/> T;N, Pre-Op exam</p>
Respiratory	
	<p>Arterial Blood Gas</p> <p><input type="checkbox"/> STAT, Patient in OPS.</p>
	IS Instruct
Consults/Referrals	
	<p>Consult MD</p> <p><input type="checkbox"/> Service: Anesthesiology, Reason: Pre-Op, Routine</p>
...Additional Orders	

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

CARDIO PRE TRANSCATHETER AORTIC VALVE
REPLACEMENT (TAVR) 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

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

**CARDIO PRE TRANSCATHETER AORTIC VALVE
REPLACEMENT (TAVR) 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 <input type="checkbox"/> Per Unit Standards
	Apply Sequential Compression Device <input type="checkbox"/> Apply to Bilateral Lower Extremities
Communication	
	Notify Provider of VS Parameters <input type="checkbox"/> SBP Greater Than 180, SBP Less Than 90, DBP Greater Than 110, DBP Less Than 60, MAP Less Than 60, HR Greater Than 110, HR Less Than 50
	Notify Provider of VS Parameters
Laboratory	
	Click to review cardiac labs
	Anti Xa Level <input type="checkbox"/> STAT OUTPATIENT/PACU, T;N
	Brain Natriuretic Peptide (proBNP) <input type="checkbox"/> STAT OUTPATIENT/PACU, T;N
	Basic Metabolic Panel <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 and Hematocrit <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
	POC ACT <input type="checkbox"/> T;N
	POC Chem 8 <input type="checkbox"/> T;N
	POC Hemoglobin and Hematocrit <input type="checkbox"/> T;N
	Prothrombin Time with INR <input type="checkbox"/> STAT OUTPATIENT/PACU, T;N
	Urinalysis <input type="checkbox"/> Urine, STAT OUTPATIENT/PACU, T;N

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

CARDIO PRE TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) 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
	Urine Random Drug Screen <input type="checkbox"/> Urine, Routine, T;N <input type="checkbox"/> Urine, STAT OUTPATIENT/PACU, T;N
	ALL FEMALES OF CHILD BEARING YEARS UNLESS STERILE OR KNOWN PREGNANCY Beta HCG Serum Qualitative (Qualitative Beta HCG Serum)
	Urine Beta hCG
Diagnostic Tests	
	EKG-12 Lead <input type="checkbox"/> T;N, Routine, Abnormal ECG

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UMC Health System

Patient Label Here

CARDIO PRE TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) 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.

Table with columns: ORDER, ORDER DETAILS. Rows include Patient Care (Premedication Regimen to Reduce Contrast), Medications (Accelerated, Oral Elective, IV Elective), and specific drug orders for methylprednisolone, diphenhydramine, and prednisone.

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

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CARDIO PRE TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) 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</p> <p><input type="checkbox"/> 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol</p> <p>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</p> <p><input type="checkbox"/> 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol</p> <p>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</p> <p><input type="checkbox"/> 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol</p> <p>To be given 1 hour before study with contrast. Premedication for contrast allergy.</p>
	<p>diphenhydrAMINE</p> <p><input type="checkbox"/> 50 mg, IVPush, inj, Pre Med, x 24 hr</p> <p>To be given 1 hour before study with contrast. Premedication for contrast allergy.</p>

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CARDIO PRE TRANSCATHETER AORTIC VALVE
REPLACEMENT (TAVR) 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

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