

Allergies: \_\_\_\_\_

**NURSING/ RESPIRATORY INTERVENTIONS:** (Check box/ fill in to activate)

**Post extubation:**

O<sub>2</sub> 0 – 6 L PRN to keep SaO<sub>2</sub> at least 92%. Notify physician if greater than 6 L O<sub>2</sub> required  
 Incentive spirometer every 1 - 2 hours while awake

**Weaning parameters:**

When patient is awake and hemodynamically stable, on FIO<sub>2</sub> at less than or equal to 50%, chest tube drainage less than 150 mL/ hour, measure spontaneous parameters

- Extubate per Respiratory Care Protocol
- Call anesthesiologist for extubation orders

Pacer settings: Rate: \_\_\_\_\_ Atrial MA: \_\_\_\_\_ Ventric MA: \_\_\_\_\_

**MEDICATIONS:** (Check box/ fill in to activate)

<input type="checkbox"/> nitroglycerin infusion per <i>Critical Care Infusion Titration Orders</i> Titrate to SBP less than 140 mmHg and greater than 90 mmHg or _____	Blood Pressure
<input type="checkbox"/> nitroprusside infusion per <i>Critical Care Infusion Titration Orders</i> Titrate to SBP less than 140 mmHg and greater than 90 mmHg or _____	
<input type="checkbox"/> norepinephrine (LEVOPHED) infusion per <i>Critical Care Infusion Titration Orders</i> Titrate to SBP greater than 90 mm Hg or _____	
<input type="checkbox"/> EPINEPHrine infusion per <i>Critical Care Infusion Titration Orders</i> Titrate to SBP greater than _____	
<input type="checkbox"/> DOPamine infusion per <i>Critical Care Infusion Titration Orders</i> Titrate to SBP greater than 90 mmHg or _____	
<input type="checkbox"/> milrinone (PRIMACOR) infusion per <i>Critical Care Infusion Titration Orders</i> Titrate to CI greater than 2 or _____	Cardiac Index
<input type="checkbox"/> aminocaproic acid (AMICAR) at 1 g/ hour or _____ g/ hour until bag completed	Bleeding
<input type="checkbox"/> protamine 50 mg/ 500 mL to infuse at _____ mL/ hour until bag completed	
<input type="checkbox"/> insulin per <i>Critical Care Insulin Infusion Orders</i>	Blood Glucose
<input type="checkbox"/> propofol per <i>Critical Care Sedation Orders</i> . Discontinue before extubation	Sedation
<input type="checkbox"/> fentaNYL per <i>Critical Care Sedation Orders</i>	
<input type="checkbox"/> dexmedetomidine (PRECEDEX) infusion per <i>Critical Care Infusion Titration Orders</i> for Sedation-Agitation Scale (SAS) revised score 3 - 4. Discontinue after extubation once bag completed	
<input type="checkbox"/> albuterol nebulizer 1 treatment QID and PRN	Wheezing/ SOB
<input type="checkbox"/> albuterol/ ipratropium (DUONEB) nebulizer 1 treatment QID and PRN	

Other: \_\_\_\_\_

\_\_\_\_\_

Physician Signature

Date

Time



**CARDIAC SURGERY POST ANESTHESIA ORDERS**

P0047D (Rev 0311) White – Chart/ Scan to Pharmacy