

Surgery: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Surgeon: \_\_\_\_\_

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

**GENERAL CARE:** (Check box/ fill in to activate)

**Review all blood transfusion orders with surgeon prior to administration**

Initiate *Cardiac Surgery Clinical Pathway*

Initiate *Radial Artery Grafting Protocol* if indicated

Cardiac Monitor

Vital signs every 4 hours. If stable, may delay 0400 vitals to 0600 combined with AM blood glucose (BG) check and AM weight

Incentive Spirometry every 1 hour while awake

Aspiration precautions

O<sub>2</sub> 0 – 6 L, wean to keep sats greater than or equal to 90%. Notify physician if greater than 6 L O<sub>2</sub> required

Weigh daily. Reweigh if 24 hour weight change increases more than 3.5 Kg or decreases more than 2.5 Kg from previous day

Reinsert Foley if BUS greater than 250 mL and discomfort

Chest tube at -20 cm H<sub>2</sub>O suction or:  water seal only  may ambulate off suction

Remove chest tube suture at discharge unless otherwise addressed if chest tubes discontinued over 24 hours.

Steri-Strip sites after applying liquid Benzoin (do not use spray)

Sternal precautions: activity per pathway

Shower POD # 3 if no wound drainage, & chest tube/ pacing wires are out

PT Consult  OT Consult  Speech Consult  Cardiac Walker

SCD

TED stockings at all times except for 30 minutes BID

**Wound care:**

Dress wounds PRN drainage & change BID. Clean incisions and chest tube sites daily with sterile saline and gauze

Pacemaker: Rate: \_\_\_\_\_ Atrial MA: \_\_\_\_\_ Ventricular MA: \_\_\_\_\_

Pacer wires – swab daily with sterile saline and gauze at the exit site around wires. If patient pacer-dependent, secure wires firmly to patient. Backup pacemaker/ battery at bedside. Post at HOB. For symptomatic bradycardia below 50, initiate pacing at MA 20 and rate of 70 and notify physician

**LABORATORY/ DIAGNOSTICS:** (Check box to activate)

CBC & Full Profile (FP) next AM. Notify physician/ LIP if Hct less than 21

CXR - PA next AM  12 lead ECG next AM  PT/ INR daily  Platelet count daily if under 100,000

**IV FLUIDS:** (Check box/ fill in to activate)

Saline lock  Fluid: \_\_\_\_\_ at \_\_\_\_\_ mL/ hour

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

Regular  CCU diet  Renal diet  Cardiac surgery low carb (CARDSURG)  ADA \_\_\_\_\_ kcal

Ensure/ Glucerna/ Hi-Pro shake  Other: \_\_\_\_\_

**DISCHARGE PLANNING:** (Check box to activate)

Social Services to see

Home Health consult if need identified by RN or MSW

Cardiac Rehab Outpatient (CROP) referral

Mended Hearts referral

Smoking cessation packet and counseling if smoker

Schedule outpatient dietician appointment in 3 - 4 weeks

Schedule outpatient diabetes education appointment

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



**MEDICATIONS:** (Check box/ fill in to activate)      Pharmacist may adjust doses for age or renal function      \*NTE 4000 mg of acetaminophen/ 24 hours

ACE Inhibitor _____ Hold if creatinine increases by 0.3 or greater ARB _____ Hold if creatinine increases by 0.3 or greater	Hypertension / Renal Protection
MetFORMIN _____ Hold if creatinine increases by 0.3 or greater	Blood Glucose
HMG Co-A reductase inhibitor (statin): _____	Lipid Reduction
<input type="checkbox"/> Initiate <i>SubQ Sliding Scale Insulin Orders</i> <input type="checkbox"/> low <input type="checkbox"/> moderate <input type="checkbox"/> high   dose algorithm Notify physician if pre-meal blood glucose greater than 150. <input type="checkbox"/> No Lantus Glargine ( <b>Lantus</b> ) insulin at HS: _____ units on _____ (date) X 1 <input type="checkbox"/> Glargine ( <b>Lantus</b> ) insulin _____ units daily	Blood Glucose
Docusate ( <b>Colace</b> ) 250 mg PO BID. Hold for loose stools. Bisacodyl ( <b>Dulcolax</b> ) 10 mg PO daily PRN. If no BM in AM starting POD # 2, then give 10 mg PO X 1 Bisacodyl ( <b>Dulcolax</b> ) 10 mg suppository PR daily PRN. If no BM in AM POD # 3, give 10 mg PR X 1	Constipation
Omeprazole ( <b>Prilosec</b> ) 20 mg PO every day. If NPO, then give Esomeprazole ( <b>Nexium</b> ) 40 mg IV every day	Acid Control
Metoclopramide ( <b>Reglan</b> ) 10 mg PO every 12 hours X 6 total doses ( <b>Do not give if 75 or older or confused</b> )	GI Motility
<input type="checkbox"/> EC Aspirin 325 mg PO daily with food <input type="checkbox"/> EC Aspirin 81 mg PO daily with food <input type="checkbox"/> Clopidogrel ( <b>Plavix</b> ) 75 mg PO daily	Platelet Inhibitor
<input type="checkbox"/> Heparin 5000 units SubQ every 12 hours. Discontinue when fully ambulatory. Discontinue if on warfarin & INR greater than 1.8 <input type="checkbox"/> Warfarin ( <b>Coumadin</b> ) 5 mg PO if INR less than 1.5 on _____ <input type="checkbox"/> Pharmacist to dose, INR range _____ <input type="checkbox"/> Physician to dose, INR range _____	DVT/ PE Prophylaxis
<input type="checkbox"/> Amiodarone ( <b>Cordarone</b> ) _____. Hold for heart rate less than 60, or paced epicardially	Arrhythmia
<input type="checkbox"/> Metoprolol ( <b>Lopressor</b> ) _____. Hold for HR less than 60, SBP less than 105, or paced epicardially	HR/ Blood Pressure
<input type="checkbox"/> Furosemide ( <b>Lasix</b> ) _____. Hold for weight less than _____ Kg	Diuretic
<input type="checkbox"/> Potassium ( <b>KCl</b> ) _____. Hold for K <sup>+</sup> of 4.8 or greater or weight less than _____ Kg	Electrolyte Replacement
<input type="checkbox"/> Ferrous gluconate 325 mg PO BID with food	Supplement
<input type="checkbox"/> Folic acid 1 mg PO daily	Supplement
<input type="checkbox"/> Albuterol/ ipratropium ( <b>DuoNeb</b> ) nebulizer <input type="checkbox"/> 1 treatment PRN <input type="checkbox"/> 1 treatment QID <input type="checkbox"/> Albuterol ( <b>Ventolin</b> ) nebulizer <input type="checkbox"/> 1 treatment PRN <input type="checkbox"/> 1 treatment QID	Wheezing/ SOB
<input type="checkbox"/> Initiate <i>Alcohol Withdrawal Orders</i>	Alcohol Withdrawal
<input type="checkbox"/> HYDROMorphone 1 mg IV every 4 hours PRN	Severe Pain IV
<input type="checkbox"/> *Oxycodone/ acetaminophen 5 mg/ 325 mg ( <b>Percocet</b> ) 1 - 2 tabs PO every 3 hours PRN ( <b>start with 1 tab if 75 or older</b> )	Severe Pain PO
<input type="checkbox"/> Ketorolac ( <b>Toradol</b> ) <input type="checkbox"/> 15 mg <input type="checkbox"/> 30 mg IV every 6 hours to maximum of 20 doses. Hold if creatinine increases by 0.3 or greater. <b>Do not use if 75 or older</b>	Moderate Pain IV
<input type="checkbox"/> *Hydrocodone/ acetaminophen 5 mg/ 325 mg ( <b>Norco</b> ) 1 - 2 tabs PO every 4 hours PRN ( <b>start with 1 tab if 75 or older</b> )	Moderate Pain PO
<input type="checkbox"/> *Acetaminophen ( <b>Tylenol</b> ) 325 - 650 mg PO/ PR every 4 hours PRN mild pain or temp greater than 38° C	Temp / Mild Pain
Mupirocin ( <b>Bactroban</b> ) 2% ointment to each nostril BID X 3 days total (starts w/ preop dose), for Dr. Austin's patients only	MRSA Prophylaxis
<input type="checkbox"/> Diltiazem CD ( <b>Cardizem CD</b> ) 120 mg PO daily. Hold for SBP less than 100 mm Hg <input type="checkbox"/> Isosorbide mononitrate ext. release ( <b>Imdur</b> ) 30 mg PO daily	Arterial spasms
<input type="checkbox"/> Lorazepam ( <b>Ativan</b> ) 0.5 - 1 mg PO every 4 hours PRN	Anxiety
<input type="checkbox"/> Ondansetron ( <b>Zofran</b> ) 4 mg IV every 6 hours PRN <input type="checkbox"/> Scopolamine 1.5 mg transdermal patch apply behind ear. Replace every 72 hours <input type="checkbox"/> Prochlorperazine ( <b>Compazine</b> ) 2.5 - 5 mg IV every 4 hours PRN (2 <sup>nd</sup> choice if ondansetron ordered & ineffective). Only give between 1800 - 0400	Nausea/ Vomiting
Zolpidem ( <b>Ambien</b> ) 5 mg PO HS PRN ( <b>give 2.5 mg if 65 or older</b> ). May repeat X 1. Do not administer after 0100	Insomnia
Lidocaine 2% jelly ( <b>Uro-jet</b> ) apply PRN	Foley Placement Pain

\_\_\_\_\_  
Licensed Independent Practitioner (LIP) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

