

Surgery: _____

Surgeon: _____ Cardiologist/ Pulmonologist: _____ Other: _____

Admission Status: Inpatient Admit to: CCU S4 Date of surgery: _____

Allergies: _____

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

Cardiac Monitor

Vital signs every 1 hour X 4, then every 4 hours

Obtain blood glucose on arrival to PACU or unit

Incentive Spirometer 10 times per hour while awake. Encourage cough & deep breathing

O₂ 0 – 6 L per nasal cannula. Wean O₂ aggressively to keep SaO₂ greater than or equal to 90%

Daily weights. Reweigh if 24 hour weight change +/- 3 Kg. Strict I & O

Foley to gravity. Remove Foley by 2359 POD # 2 if placed in OR.

After Foley removed, may reinsert Foley if BUS greater than 250 mL and discomfort

SCD until fully ambulatory. TED stockings. Remove for 30 minutes BID

Smoking cessation packet and counseling if smoker

Chest tube care:

No suction to chest tube if pneumonectomy Suction (-20 cm H₂O) Water seal Clamp at _____

Record output every 1 hour X 4, then every 4 hours on day of surgery, then every 8 hours

Record presence or absence of air leak every 8 hours

If chest tube has been clamped, assess for decreased O₂ sats, subcutaneous air, SOB, chest pain every 2 hours.

If patient develops unstable symptoms with O₂ sats, subcutaneous air, SOB, unclamp chest tube and get **STAT** chest X-ray "rule out pneumothorax". Call team member after chest X-ray done

If patient is stable but has developing signs of decreased O₂ sats, subcutaneous air, SOB, do not clamp chest tube. Check **STAT** chest X-ray "rule out pneumothorax". Call team member for further instructions regarding chest tube after chest X-ray results ready

Dressing care:

Remove dressing POD # 1. If Dermabond used, cover only if drainage. Change dressings BID or when saturated

Clean incisions and chest tube sites with soap and water daily. No Betadine if Dermabond on incisions

Activity:

OOB for meals. Ambulate QID with chest tube to water seal unless continuous air leak

Shower after 48 hours if drains out and no drainage and pacing wires removed

Pacemaker: (Thoracic maze patients only)

Pacemaker settings: 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

Notify Cardiothoracic Team if:

Decreased O₂ sats, subcutaneous air, SOB, chest pain. If patient stable & chest tube clamped, obtain **STAT** Chest X-Ray AP

Bloody chest tube drainage greater than 100 mL/ hour. Do not call for serous drainage

Patient develops sustained tachycardia, including atrial fib. Call **STAT**

For symptomatic bradycardia below 50, initiate pacing at MA 20 and rate 70

Hct less than 22 or drop of 4 points

Temp greater than 38°C, pulse less than 60 or greater than 120, respiratory rate less than 12 or greater than 30

SBP less than 90 or greater than 160 mmHg, DBP greater than 75 mmHg

Urinary output less than 60 mL/ 2 hours

Greater than 6 L O₂ required

Licensed Independent Practitioner (LIP) Signature

Date

Time



DIETARY: (Check box/ fill in to activate)

Regular CCU ADA _____ kcal Ensure Glucerna Hi Pro Shake Aspiration precautions
Other: _____

IV THERAPY: (Check box/ fill in to activate)

For pneumonectomy patients, no fluid bolus without surgeon consent.
 0.45% NS to infuse at _____ mL/ hour. Saline lock when awake
Other fluids: _____ to infuse at _____ mL/ hour X _____ liters
 Fluid bolus: _____ mL of _____ every _____ hour(s) PRN _____

LABORATORY/ DIAGNOSTICS: (Check box/ fill in to activate)

CBC POD # 1 Other: _____
 Portable Chest X-Ray in PACU Reason: _____
 Chest X-Ray AP next AM Reason: _____
 Chest X-Ray AP at 0700 if chest tube clamped. Reason: rule out pneumothorax

CONSULTS: (Check box/ fill in to activate)

PT Consult OT Consult Social Services
Other: _____

MEDICATIONS: (Check box/ fill in to activate) Pharmacist may adjust doses for age or renal function

*Not to exceed 4000 mg of acetaminophen/ 24 hours. **If 65 or older**, not to exceed **3000 mg** of acetaminophen/ 24 hours

<input type="checkbox"/> Epidural Orders	Mild to Severe Pain Epidural
<input type="checkbox"/> HYDROmorphone (DILAUDID) PCA Orders <input type="checkbox"/> morphine PCA Orders <input type="checkbox"/> fentaNYL PCA Orders	Mild to Severe Pain PCA
Choose <u>1</u> medication only: <input type="checkbox"/> morphine 1 - 5 mg IV every 1 hour PRN <input type="checkbox"/> fentaNYL 25 - 125 mcg IV every 1 hour PRN	Severe Pain IV
<input type="checkbox"/> *oxyCODONE/ acetaminophen (PERCOCET) 5 mg/ 325 mg 1 - 2 PO every 3 hours PRN (start with 1 tab if 75 or older)	Severe Pain PO
<input type="checkbox"/> ketorolac (TORADOL) <input type="checkbox"/> 15 mg <input type="checkbox"/> 30 mg IV every 6 hours. Maximum of 5 days. Do not give if 65 or older. Hold for Creatinine greater than _____	Inflammation/ Moderate Pain IV
<input type="checkbox"/> *HYDROcodone/ acetaminophen (NORCO) 5 mg/ 325 mg 1 - 2 every 3 hours PRN (start with 1 tab if 75 or older)	Moderate Pain PO
<input type="checkbox"/> *acetaminophen (TYLENOL) 325 - 650 mg PO/ PR every 4 hours PRN	Temp > 38°C/ Mild Pain PO/ PR
<input checked="" type="checkbox"/> SubQ Sliding Scale Insulin Orders <input checked="" type="checkbox"/> In CCU, if AC BG greater than 150 X 2 then initiate Critical Care Insulin Infusion Orders - algorithm 1	Blood Glucose
<input type="checkbox"/> DOPamine at 1 - 3 mcg/ kg/ minute to keep mean BP greater than 65 mmHg or heart rate greater than 60 <input type="checkbox"/> DOPamine to infuse at _____ mcg/ kg/ minute	Blood Pressure/ HR
<input checked="" type="checkbox"/> docusate (COLACE) 250 mg PO BID. Hold for loose stools. bisacodyl (DULCOLAX) 10 mg PO every day PRN. If no BM in AM starting POD # 2, bisacodyl 10 mg PO X 1 bisacodyl (DULCOLAX) 10 mg suppository PR every day PRN. If no BM in AM POD # 3, bisacodyl 10 mg PR X 1	Constipation
<input checked="" type="checkbox"/> atropine 0.5 - 1 mg IV every 3 - 5 minutes PRN if no pacing wires or wires not working. Maximum 3 mg	Symptomatic Bradycardia
<input type="checkbox"/> omeprazole (priLOSEC) 20 mg PO every day. If NPO, esomeprazole (nexIUM) 40 mg IV every day	Acid Reducer
<input type="checkbox"/> metoclopramide (REGLAN) 10 mg PO every 12 hours X 6 doses total. Do not give if 65 or older or confused	GI Motility

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MEDICATIONS: (Check box/ fill in to activate) Pharmacist may adjust doses for age or renal function

<input type="checkbox"/> heparin 5000 units subcutaneously every 8 hours <input type="checkbox"/> heparin 5000 units subcutaneously every 12 hours <input type="checkbox"/> dalteparin (FRAGMIN) 5000 units subcutaneously every 24 hours	DVT/ PE Prophylaxis
<input type="checkbox"/> albuterol/ ipratropium (DUONEB) <input type="checkbox"/> HHN 1 TX every 4 hours PRN <input type="checkbox"/> albuterol <input type="checkbox"/> HHN 1 TX QID & every 4 hours PRN	Wheezing/ SOB
<input type="checkbox"/> In CCU, initiate <i>Critical Care Alcohol Withdrawal Order</i> <input type="checkbox"/> In S4, initiate <i>Alcohol Withdrawal Orders</i>	Alcohol Withdrawal
<input type="checkbox"/> LORazepam (ATIVAN) 0.5 – 1 mg PO/ IV every 4 hours PRN	Anxiety
<input type="checkbox"/> ondansetron (ZOFRAN) 4 mg IV every 6 hours PRN <input type="checkbox"/> prochlorperazine (COMPAZINE) 2.5 - 5 mg IV every 4 hours PRN (2nd choice if ondansetron ordered & ineffective)	Nausea/ Vomiting
<input type="checkbox"/> zolpidem (AMBIEN) 5 mg PO HS PRN (2.5 mg if 65 or older). May repeat X 1. Do not give after 0100	Insomnia
<input checked="" type="checkbox"/> lidocaine (URO-JET) 2% jelly apply PRN	Foley Placement Pain

Other: _____

 Licensed Independent Practitioner (LIP) Signature Date Time

