



PHYSICIAN'S ORDERS

ORDERED		ORDERS	TIME ORDER NOTED
Date	Time		
	1.	Allergies:	
	2.	Discontinue PA line, introducer, arterial line and Foley	
	3.	Transfer to Room _____ . Notify all MDs of Room #	
	4.	Telemetry	
	5.	<input type="checkbox"/> INT <input type="checkbox"/> IV Fluids:	
	6.	Medications: (See Pharmacy Profile for additional medications not listed below) Amiodarone 200 mg po every day Famotidine (Pepcid) 20 mg po BID Aspirin 81 mg po daily Docusate (Colace) 240 mg po TID Oxycodone 5 mg & Acetaminophen 325 mg (Percocet) 1-2 tablets po Q4h prn pain Prochlorperazine (Compazine) 10 mg IM Q6h pm nausea Milk of Magnesia 30 ml Q6h pm constipation Alumina, Magnesia & Simethicone Oral Suspension (Maalox Plus) 30 ml po Q6h prn Antibiotic: K+ level < or = 3.5: (USE IV dosage only if central line present, otherwise use PO) Call MD & give KCl 40 meq IVPB (over 1 hour), repeat K+ level 1 hour after administration or Call MD & give KCl 40 meq PO, repeat K+ level 2 hours after PO dose K+ level 3.6 – 4.0: Give 20 meq KCl IVPB (over 1 hour) x 2, repeat K+ level 1 hour after administration or Give 40 meq KCl PO, repeat K+ level 2 hours after administration K+ level 4.1 – 4.5: Give 10 meq KCl IVPB (over 1 hour) x 1, repeat K+ level 1 hour after administration or Give 10 meq KCl PO, repeat K+ level 2 hours after administration Other medications: Chlorhexidine (Hibiclens) shower BID after pacemaker disconnected (cover wires with occlusive dressing)	
	7.	Lab: CBC, BMP Q AM	
	8.	STAT EKG and call MD prn chest pain	
	9.	Respiratory Care per protocol	
	10.	Incentive Spirometry Q 1-2 hours while awake	
	11.	Consult Cardiac Rehab	
	12.	Daily Weight	
	13.	I&O	
	14.	Activity: Up in chair for all meals and pm as tolerated Ambulate in hall BID in conjunction with Physical Therapy	
	15.	Physical Therapy: Ambulate with Pulse Oximetry	
	16.	Diet: 2 gram Na tow cholesterol low fat	
	17.	Change surgical dressing Q24 hours x 72 hours post op. If dressings required to legs, use 4x4 & kerlix. Ace Wraps to legs x 72 hours	
	18.	Clean incisions daily with warm water & soap then paint incision sites with betadine	
		Physician Signature: _____	
		Date/Time: _____	

▼ Addressograph / Patient Label ▼



TRANSFER ORDERS FOR CABG/AVR/MVR