ORD

DATE ORDERED		PHYSICIANS ORDERS	CARDIAC SURGERY PRE OP ORDERS	SIGN, DATE AND TIME ALL ENTRIES
DATE	TIME			
		1. Diagnosis:		
		2. Expected Surgery Date:		
		3. Allergies:		
		4. Consent signed for:		
		5. Contact Anesthesiologist for patient interview		
		6. NPO after midnight except for medications the night before surgery		
		7. Void on call to CVOR		
		8. PCU/CCU staff to begin patient/family education.		
		9. Call Respiratory Therapy for ISB instruction, IPPB instruction.		
		10. Schedule PFTs		
		11. Baseline ABGs		
		12. Labs: (do not repeat if done within 72 horus) • CBC BMP PT PTT • Urinalysis if not done this admission • Type and Crossmatch for 6 units Packed Red Blood Cells, 3 units Pheresed Platelets (equals 18 units Platelets), 4 units FFP, and 10 units Cryo		
		13. EKG within 72 hours		
		14. Chest Xray PA and lateral, unless already on chart		
		15. Blood Pressure in both arms, inform surgeon if greater than or equal to 20 mm Hg difference between arms		
		16. Obtain Scale Weight in Kilograms_____		
		17. Obtain Height in inches:_____and centimeter:_____		
		18. _____Cefazolin (Ancef) 2 grams IVPB (send to holding with patient) _____Vancomycin (Vancocin) 1 gm IVPB (send to holding with patient)		
		19. May take the following medications with a sip of water in the am of surgery: MEDS:_____		
		20. Mupirocin 2% (Bactroban) Nasal ointment to each nostril every 12 hours. Apply a liberal amount to a cotton swab and use one to swap the inside of each nasal passage.		
		21. IV 1000 ml D5 0.9 Sodium Chloride with 40 mEq Potassium Chloride at 75 ml/hour if surgery to start after 11:00 AM		
		22. Nitroglycerin 0.4 mg sublingual PRN for chest pain. Notify Anesthesiologist and surgeon immediately.		
		23. Cardiac Cath report on Chart		
		24. Chlorhexidine 4% (Hibiclens) shower or bath night before surgery and in the am the day of surgery		
		25. Clip Prep 5 AM morning of surgery		
		26. Chlorhexidine 4% (Hibiclens) shower or bath after the clip prep		
		27. Keep patient normothermic with warm blankets after prep		
		28. Other:		

Physician Signature_____ Date/Time _____

BAPTIST MEMORIAL HOSPITAL GOLDEN TRIANGLE

CARDIAC SURGERY PRE OP ORDERS

Form #18-114.47 (7/09)

▼ Addressograph / Patient Label ▼