Cardio Vascular Thoracic Pre Surgery orders

To be performed within 30 days, unless otherwise noted.

Fax to (513) 585-0169

Patient Name:  
Date of Birth:  
Surgery confirmation #:  

Surgeon name:  
Phone:  
Fax:  

Procedure Order:  

Diagnosis:  

WEIGHT (kg):  

ALLERGIES:  

☐ General/MAC/Regional Anesthesia  
☐ Pre Admission Testing/Same Day Surgery RN to check if below criteria is met  
ECG required - within 6 months of surgery if:  
Diagnosis of:  CAD, arrhythmia, CHF, CRF, arterial vascular disease, pulmonary disease (except asthma), or DM  
PT/INR day of surgery required – if no documented INR of 1.1 or less within 48 hours of surgery if on Warfarin in the last 30 days  
POCT Glucose day of surgery required – if diabetic, if blood glucose is less than 71 mg/dL (or less than 100mg/dL and symptomatic) or if greater than or equal to 180 mg/dL, initiate Preop Diabetes/Glycemic Control Order Set and Notify Anesthesia  
Potassium day of surgery required – if: 1) On dialysis or 2) Diagnosis of renal failure (not renal insufficiency or working transplant)  
Urine pregnancy (Beta HCG if unable to void) on day of surgery, unless patient has negative serum pregnancy test within 7 days of surgery – required if female with no history of hysterectomy and: 1) 11-55 years  2) Less than 11 years and has begun menses or  3) Greater than 55 years and less than one year post-menopausal  
IV: Insert Peripheral IV day of surgery (and saline lock if needed per anesthesia)  
Normal Saline @ 125 ml/hr (1000 ml bag) unless diagnosed with CRF then @ 50 ml/hr  
☐ Other IV  

☐ Local Anesthesia  

Pre-operative consultation to evaluate for risk factors prior to surgery  
☐ per PCP, may use hospitalists if not available  ☐ per hospitalist  ☐ per surgeon: date ________  

☐ Request for anesthesia to provide postoperative advanced pain management  

Nursing:  
☐ Patient to brush teeth and rinse with Peridex (Chlorhexidine Gluconate) 0.12% oral rinse 15 ml prior to OR  
☐ TED hose  ☐ Knee high  ☐ Thigh high  

Labs:  
☐ CBC  ☐ CBC w/Diff  ☐ PT/INR  ☐ PTT  ☐ Fibrinogen  
☐ Type & Screen  ☐ Basic Metabolic Panel (EP1)  ☐ LIVP  ☐ Lipids  ☐ Magnesium  
☐ HgbA1C  ☐ Urinalysis  ☐ Urine C&S  ☐ Urine Cotinine  
☑ COVID19  ☐ Other  

Diagnostic Studies:  
☐ Chest X-ray PA & Lateral (within 6 months)  ☐ Other:  
☐ ECG Reason:  

VTE Mechanical Prophylaxis:  
☐ Place SCD prior to induction of anesthesia  ☐ Knee  ☐ Thigh  ☐ Right  ☐ Left  ☐ Bilateral  
☐ NO SCD needed-must give reason  ☐ Already anticoagulated  ☐ Ambulating  ☐ Refused  ☐ Comfort measures only  ☐ Fall risk  
☐ Not indicated-low clinical risk  

VTE Pharmacologic Prophylaxis:  
☐ Heparin 5,000 units, subcutaneous, preop once  
☐ No pharmacologic VTE-must give reason  ☐ Already anticoagulated  ☐ Bleeding risk  ☐ Active bleeding  ☐ Refused  ☐ Comfort measures only  
☐ Thrombocytopenia  ☐ Not-indicated-low clinical risk  

☐ No preop antibiotics needed  

Pre-Operative Antibiotics:  
* Required: *Any open-heart surgery including mediastinal re-exploration  
☐ Cefuroxime 1.5g IVPB x1  Alternate if allergy give Vancomycin 15mg/kg (Max 2000mg) x1  
* Required: *Pacemaker or defibrillator implant  
☐ Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1  Alternate if allergy give Vancomycin 15mg/kg (Max 2000mg) x1  

OTHER:  

Physician Signature __________________________  Date: ____________  Time: ________