



**ORDERS • CVICU IMMEDIATE POSTOPERATIVE
 MEDICAL**

Medical Record Number

Patient Name

Physician: Check all orders that pertain to the patient. Date, time & sign all orders.

Weight: _____ kg Height: _____ cm BSA: _____ m²

Allergies (food, drug and environmental) OR Adverse Drug Reactions (True or Suspected):

- Reviewed in LINKS and accurate as documented
- Reviewed in LINKS: Please add: _____
- Please cancel: _____

Diagnosis: _____

Admit to: CVICU Other: _____

CVICU Attending: _____ M.D.

Surgical Attending: _____ M.D.

NURSING

- 1. Temperature monitoring
 Core temperature target: _____ °C
 - Continuous rectal probe monitoring for 24 hours
 - Discontinue rectal temperature monitoring once stable
 - Do not use rectal probe monitoring on infants less than 2.5 kg

- 2. Temperature regulating hypothermia
 Core temperature target: _____ °C
 - Regional (ice bags) _____
 - Global (cooling blanket) _____
 - MD/NP/PA to initiate Neuromuscular Blockade if shivering is observed
 - Complete **Neuromuscular Blockade Order Set**
 - Skin assessment per "Wound Care: pressure ulcers; prevention, assessment, management" procedure

- 3. Activity:
 - Head of bed at 10-15 degrees for infant and 30-45 degrees for all other patients
 - Turn patient q2hr after patient is stable
 - Early mobilization for patient greater than 1 year old when:
 - Stable and deemed appropriate by medical and nursing team
 - Has no Left Atrial or Right Ventricular intracardiac line
 - Activities include: dangle, out of bed to chair, and/or ambulate

- 4. Daily weight
 - Prior to morning rounds when extubated and stable

- 5. DVT prevention for patients greater than or equal to 13 years
 - Place bilateral thigh length compression stockings
 - Do not use SCD if there is a peripheral intravenous line (PIV) present on the extremity
 - Femoral intravenous lines are acceptable
 - Use on two out of four extremities (e.g., may use arms and/or legs)
 - Neurovascular and skin assessments every shift

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RESPIRATORY

- 1. Intubated
 - Initial ventilator settings:
 - Mode: _____
 - Target tidal volume: _____ mL/breath
 - $F_{I}O_2$: _____
 - Respiratory rate (IMV): _____ per minute
 - PIP: _____ cm H₂O (if in pressure control ventilation mode)
 - PEEP: _____ cm H₂O
 - Pressure support: Yes No
 - If Yes, set at _____ cm H₂O above PEEP
- 2. Extubated
 - Room air
 - Supplemental O₂ or flow via _____
 - FiO_2 = _____
 - _____ L/min
 - Wean flow to keep oxygen saturations greater than _____ %

LABORATORY

- 1. Type and screen
 - Patients greater than or equal to 4 months
 - Upon CVICU admission
 - Every 72 hours if any of the following are true:
 - Patient has an open sternum
 - Patient has a transthoracic catheter or percutaneous central venous catheter (PICC not included)
 - Patient is tracheally intubated
 - Patient is on mechanical circulatory support
- 2. Swab anterior nares for MRSA Screen

MEDICATIONS

- 1. Neuromuscular blockade (Indication: for intermittent or continuous paralysis)
 - Complete Neuromuscular Blockade Order Set**
 - Other: _____
- 2. Analgesics
 - Acetaminophen and Ibuprofen can be found in the Antipyretics section
 - Morphine:**
 - Intermittent dosing: (0.05-0.1 mg/kg: max 5 mg/dose) = _____ mg IV q1hr prn pain
 - Continuous infusion: (0.025-0.05 mg/kg/hr: max 2 mg/hr) = _____ mg/kg/hr IV
 - Fentanyl:**
 - Continuous infusion: (1-2 mcg/kg/hr) = _____ mcg/kg/hr IV

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MEDICATIONS (Continued)

- Hydrocodone Oral: Once tolerating PO:** (Give for moderate to severe pain or pain score greater than 4)
 - Hydrocodone with acetaminophen: (0.15 mg/kg/dose) = _____mg hydrocodone component PO q6hr
 - Hydrocodone with acetaminophen 5/500 (Vicodin): 1 tablet or 2 tablet PO q6hr prn
 - Hydrocodone 10mg with acetaminophen 650 (Lortab 10/650): 1 tablet or 2 tablets PO q4hr prn

- Ketorolac:** Maximum duration of dosing is 48 hours (8 doses) and maximum dose is 30 mg
Ketorolac is NOT recommended for the following:
 - If patient is less than 8 kg or less than 8 months
 - If patient is Intubated
 - If patient is bleeding
 - If patient has rising Cr

<input type="checkbox"/> 8-12.5 kg: 4 mg IV q6hr	<input type="checkbox"/> 4 doses	<input type="checkbox"/> 8 doses
<input type="checkbox"/> 12.6-25 kg: 7.5 mg IV q6hr	<input type="checkbox"/> 4 doses	<input type="checkbox"/> 8 doses
<input type="checkbox"/> 25.1-40 kg: 15 mg IV q6hr	<input type="checkbox"/> 4 doses	<input type="checkbox"/> 8 doses
<input type="checkbox"/> 40-50 kg: 20 mg IV q6hr	<input type="checkbox"/> 4 doses	<input type="checkbox"/> 8 doses
<input type="checkbox"/> Greater than 50 kg: 30 mg IV q 6hr	<input type="checkbox"/> 4 doses	<input type="checkbox"/> 8 doses

- PCA:** for patients greater than or equal to 7 years
 Complete **IV PCA Order Set**

- 3. Sedation and anxiolytics
 - Midazolam:**
 - Intermittent dosing: (0.05-0.1 mg/kg: max dose 5 mg) = _____ mg IV q1hr prn agitation
 - Continuous infusion: (0.05-0.1 mg/kg/hr: max 2 mg/hr) = _____ mg/kg/hr IV
 - Propofol:**
 - Continuous infusion: _____ mcg/kg/min IV drip (max initial rate 100 mcg/kg/min)
 - Do not use if patient is less than 2 months of age or less than 5 kg
 - Max duration of drip is 12 hours within a 24 hour period
 - **Requires CVICU attending approval for all cases:**
 - **Attending signature:** _____ **M.D.**

- 4. Antipyretic
 Indication: for treatment greater than 38°C, comfort, or pain scores less than 4
 - Acetaminophen** (15 mg/kg: max 1000 mg/dose: 4000 mg/day)
 - _____ mg PO GT PR q4hr prn
 - Ibuprofen:** (10 mg/kg: max 40 mg/kg/day: **Do NOT use with Ketorolac**)
 - _____ mg PO GT q6hr prn temperature
 - Alternate above doses of Acetaminophen and Ibuprofen Around the Clock (ATC) every 6 hours for 48 hours (do not give Ibuprofen and Ketorolac together)

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MEDICATIONS (Continued)

- 5. Potassium and Calcium replacement
 - Potassium Chloride:**
 - Complete **Potassium Chloride Infusion Order Set**
 - Target Potassium: _____
 - Calcium Chloride:** (10-20 mg/kg: max 500 mg) = _____ mg IV over _____ minutes (max 100 mg/min) via central line q _____ hr prn for ionized calcium less than _____ mmol/L
 - Calcium Chloride Infusion:**
 - Complete **Drip – Vasoactive Order Set**
 - Titrate Calcium Chloride Infusion to keep ionized calcium greater than _____ mmol/L
- 6. Gastrointestinal
 - Ranitidine** (1 mg/kg: max 50 mg/dose) = _____ mg IV q8hr
 - Ondansetron**
 - Less than 5 kg: 0.5 mg IV q8hr prn nausea/vomiting
 - 5-30 kg: 1 mg IV q8hr prn nausea/vomiting
 - Greater than 30 kg: 2 mg IV q8hr prn nausea/vomiting
 - One **Pediatric Glycerin Suppository daily prn** for opioid-induced constipation
- 7. **Heparin Prophylaxis:**
 - **Complete Heparin Infusion Prophylactic Order Set**
 - For Catheter Thrombus prophylaxis
 - For DVT prophylaxis in patients greater than 13 years
- 8. IV Catheter Flush

Flush volumes may be less for fluid-sensitive patients, but should be at least 3 times the priming volume of the catheter lumen and add-on devices.

 - PIV: Normal Saline 3 mL to flush peripheral IV as needed, and at least every 24 hours
 - PIV: Heparin 10 units/mL 1 mL to flush peripheral IV as needed, and at least every 24 hours if patients is hypercoagulable
 - PICC/Midline (Groshong): Normal Saline 3mL to flush IV as needed, and at least every 24 hours
 - PICC/Midline (non-Groshong): Heparin 10 units/mL 3mL to flush IV as needed, and at least every 24 hours
 - Tunneled and non-tunneled catheters: Heparin 10 units/mL 3mL to flush IV as needed, and at least every 24 hours
 - Port: Heparin 10 unit/mL 5mL to flush IV as needed, and at least every 24 hours
 - Port: Heparin 100 unit/mL 5mL for port terminal flush or q month as needed
- 9. Other: _____

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CONSULT

For all infants less than 2 months of age or older infants with cyanotic congenital heart disease and/or genetic syndrome associated with developmental delay:

- 1. Physical Therapy Consult
 Reason: Positioning, range of motion, developmental assessment and intervention
 (including family education)
 - Complete **Request for Support Services Consultation Order Set**

- 2. Occupational Therapy
 Reason: Positioning, range of motion, developmental assessment and intervention
 (including family education)
 - Complete **Request for Support Services Consultation order set**

For infants who have: never orally fed, vocal quality abnormal, cleft lip/palate, genetic syndrome associated with developmental delay, and/or history of feeding intolerance:

- 1. Occupational Therapy
 Reason: Evaluation and treatment of feeding/swallowing
 - Complete **Request for Support Services Consultation order set**

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