STANFOR 725 Welch	ERS • CVICU IMMEDIATE POSTOPERATIVE SURGERY	Medical Record Number Patient Name
Physician:	Page 1 of 3 Check all orders that pertain to the patient. Date, tin	Addressograph or Label – Patient Name, Medical Record Number
Filysician.		
Allergie Revie Revie Admit to Diagnos Procedu Cardiac	kg Height: cm Bs s (food, drug and environmental) OR Ad wed in LINKS and accurate as documented wed in LINKS: Please add: Please cancel: c CVICU Other: is: surgeon: gist:	d d
NURSIN	IG	
⊠ 1.	Discontinue all prior nursing orders Immediate postop:	rdiac pressures, SaO ₂ , ETCO ₂ and/or TcCO ₂ : en
	 follow unit standard of care for co Strict I & O q1hr If intubated, insert NG or OG if not alread NG/OG tube to gravity drain Irrigate with 1 - 3 mL NS prn to er 	
□ 5.	Chest tube(s) to suction at cm H ₂ ['] Strip mediastinal chest tube frequently	0
G 6.	Incision Care:	change per "Post Cardiac Dressing Change" policy

- 7. Pacemaker wire and site care per "Temporary Epicardial Pacer Wire Care" policy
- 8. Urinary catheter to gravity

NUTRITION

☑ 1. Diet: NPO

LABORATORY

- 1. Discontinue all prior laboratory orders X
- 2. STAT Admission labs: Chem 23, ionized Ca, CBC, lactate, ABG, PT/PTT
- 3. ABG, K, ionized Ca q2hrs and prn until stable
- 4. Lactate q2hrs and prn until stable (less than 2 mmol/L for 2 consecutive days)
- 5. Glucose q4hrs and prn until stable (for neonates or infants less than 10 kg)
- 6. CBC, Chem 23, PT/PTT gam
- 7. Other:

DATE	TIME	Provider Signature:	Pager:	Noted by:	Date/Time
Orders signed		PRINT Provider Name:		RN Signature	Date/Time
				(Pov. (14.00)

		D UNIVERSITY MEDICAL CENTER Road Palo Alto, CA 94304 Medical Record Number
		Patient Name
(ORDE	RS • CVICU IMMEDIATE POSTOPERATIVE
		SURGERY Page 2 of 3 Addressograph or Label – Patient Name, Medical Record Number
Phys	sician:	Check all orders that pertain to the patient. Date, time & sign all orders.
Wei	ight: _	kg
I.V. D		IDS Total IVF Rate: □ Pump case: ⅔ X maintenance =ml/hr □ Non-pump case: 1X maintenance =ml/hr To include: ⊠ all continuous infusions □ Intermittent medications
	2.	Maintenance IV Fluid D10W ¼ NS (pt less than 3 months) D5W ¼ NS (pt 3 months to 3 years) D5W ½ NS (pt equal to or greater than 3 years)
	3.	POST OP CHASER FLUID Use same IVF as Maintenance IVF
		□ May wean by mL/hr every hour to goalml/hr
	4.	Intracardiac or umbilical venous catheters NS with heparin 1 unit/mL at 1 mL/hour (patient less than 10 kg) NS with heparin 1 unit/mL at 2 mL/hour (patient greater than 10 kg) D10W with heparin 1 unit/mL at mL/hour
	5.	Arterial catheters ❑ NS with heparin 1 unit/mL at 1 mL/hour (patient less than 10 kg) ❑ NS with heparin 1 unit/mL at 2 mL/hour (patient greater than 10 kg)
		TIONS
	2.	Discontinue all prior medications and IV Fluids Complete Drips - Vasoactive Orders for Vasoactive agents Antibiotic: Cefazolin (25 mg/kg: max dose: 2000 mg) = mg IV q8hrs Other antibiotics: Complete Neonatal Antibiotics Order Set or Pediatric Antibiotics Order Until: 3 doses post op 3 doses after Sternum closed

DATE	TIME	Provider Signature:	Pager:	Noted by:	Date/Time
		PRINT Provider Name:		RN Signature	Date/Time
Orders signed					
L14475.04.05			(Rev. 04.09)		

Lucile Salter Packard Children STANFORD UNIVERSITY ME 725 Welch Road Palo Alto, 4	DICAL CENTER	Medical Record Number		
725 Weich Road Faio Allo, V	CA 94304			
		Patient Name		
ORDERS • CVICU IMMEE SURG				
	Page 3 of 3	Addressograph or Label – Patient	Name, Medical Record	d Number
Physician: Check all orders th	at pertain to the patient. Date	e, time & sign all orders.		
Weight: kg				
MEDICATIONS (Contin	ued)			
(10 mg/kg/day	: max dose 81 mg: rour	g □ mg PO/GT/PR o nd to nearest dose)	nce daily to prev	ent thrombos
	e: Date eon before giving first de			
□ 5. Have available	e in locked bedside cart	:		
	e (Low Dose 0.001 mg/		dovo	
		ave 2 doses available for ension and/or bradycardia.	uays	
TEMPORARY PACEMA	KER			
Mode of Pacing				
Rateppm		AV Delaymsec	•	
Atrial output Atrail sensitivity		Ventricular output Ventricular sensitivity		
	IIIV		111V	
Pacemaker Depender	nt Protocol			
RADIOLOGY / DIAGNO	STIC SERVICES			
□ 1. ECG x 1 now				
Indication: Pos	st-Op			
□ 2. CXR x 1 now	at On			
Indication: Pos 3. CXR qam whil				
Indication: Pos				
CALL PHYSICIAN				
		M.D. at pager		
Attending:		M.D. at pager	for	
□ HR □ MAP	greater than	or less than pe	er minute mHa	
	greater than	or less than m or less than m	mHa	
	greater than	or less than m	mHa	
	greater than	or less than m	m Hg	
□ O₂Sat	greater than	or less than %	-	
	greater than	_ or less than m	mHg	
	greater than	% or less than%		
	less than 36°C or great			
	less than 1 mL/kg/hour drainage greater than 3			
DATE TIME	Provider Signature:	Pager:	Noted by:	Date/Time
	PRINT Provider Name:		RN Signature	Date/Time