



**ORDERS • CVICU IMMEDIATE POSTOPERATIVE  
SURGERY**

Medical Record Number

Patient Name

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Addressograph or Label – Patient Name, Medical Record Number

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

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm BSA: \_\_\_\_\_ m<sup>2</sup>

**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: \_\_\_\_\_

Admit to:  CVICU  Other: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Procedure: \_\_\_\_\_

Cardiac Surgeon: \_\_\_\_\_

Cardiologist: \_\_\_\_\_

**NURSING**

- 1. Discontinue all prior nursing orders
- 2. Immediate postop:  
Monitor and document VS, CVP, intracardiac pressures, SaO<sub>2</sub>, ETCO<sub>2</sub> and/or TcCO<sub>2</sub>:
  - q15min for 1 hr or until stable, then
  - q30min for 2 hr, then
  - follow unit standard of care for continuous cardiorespiratory monitoring
- 3. Strict I & O q1hr
- 4. If intubated, insert NG or OG if not already present
  - NG/OG tube to gravity drain
  - Irrigate with 1 - 3 mL NS prn to ensure patency
- 5. Chest tube(s) to suction at \_\_\_\_\_ cm H<sub>2</sub>O
  - Strip mediastinal chest tube frequently to ensure patency
  - chest tube nursing management per "Chest tube management" policy
- 6. Incision Care:
  - Sternotomy or Thoracotomy dressing change per "Post Cardiac Dressing Change" policy
  - Open Chest – Silastic patch no dressing required
- 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
- 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 qam
- 7. Other: \_\_\_\_\_

DATE	TIME	Provider Signature:	Pager:	Noted by:	Date/Time
Orders signed		<b>PRINT</b> Provider Name:		RN Signature	Date/Time

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**I.V. FLUIDS**

- 1. Total IVF Rate:
  - Pump case:  $\frac{2}{3}$  X maintenance = \_\_\_\_\_ ml/hr
  - Non-pump case: 1X maintenance = \_\_\_\_\_ ml/hr
 To include:  all continuous infusions  
 Intermittent medications
  
- 2. Maintenance IV Fluid
  - D10W  $\frac{1}{4}$  NS (pt less than 3 months)
  - D5W  $\frac{1}{4}$  NS (pt 3 months to 3 years)
  - D5W  $\frac{1}{2}$  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 goal \_\_\_\_\_ ml/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)

**MEDICATIONS**

- 1. Discontinue all prior medications and IV Fluids
- 2. **Complete Drips - Vasoactive Orders** for Vasoactive agents
- 3. Antibiotic:
  - Cefazolin (25 mg/kg: max dose: 2000 mg) = \_\_\_\_\_ mg IV q8hrs
  - Other antibiotics: Complete **Neonatal Antibiotics Order Set or Pediatric Antibiotics Order Set**
 Until:  3 doses post op  
 3 doses after Sternum closed  
 \_\_\_\_\_

**Note: If patient is allergic to penicillin, alternative is Vancomycin**

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