

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

Cardiovascular Surgery – Postoperative Transfer to Stepdown

Version 2 2/10/15

Patient Placement

- Transfer to PCU

Activity

Progressive Postop Activity

- Out of Bed TID minimum with meals progressing to minimum of 8 hours per day
- Ambulate QID minimum
- May shower when able, cover pacing wires with occlusive plastic wrap for shower

Nursing Orders

- Vital signs per unit standard
- Intake and output per unit standard
- Daily Weight
- For Atrial Fibrillation: Follow Atrial Fibrillation Protocol on MAR
- ECG as needed rhythm change

Notify provider

- IF Temperature > than 38.5 F (101.5 F)
- IF Pulse < 55 bpm OR > 130 bpm
- IF Sustained SBP > 160 mmHg OR < 90 mmHg
- IF Oxygen Saturation < 90%
- IF Urine Output < 300 mL in 12 hours
- IF Chest Tube Drainage > 100 mL/hour per cavity
- IF Serum K+ < 3.0 or > 5.2
- IF Hematocrit < 28
- IF Platelets < 80,000
- Incision Care BID and as needed
 - Wash with hibiclens and sterile saline
 - Apply gauze to any sites with drainage and secure EXCEPT DERMABOND SITES
 - Apply new ace wrap toe to groin TID
 - Apply triple antibiotic ointment to chest tube sites while in place and draining (See MAR)
 - DERMABOND SITES: DO NOT APPLY TAPE OR SCRUB VIGOROUSLY
- Incentive spirometry every 1 hour while awake

Drains and Tube: Maintain the following if present on transfer

- Foley Catheter Maintain
- Chest Jackson Pratt to 20-40 cm wall suction as needed to maintain compression;
Discontinue wall suction when drainage minimal and place to bulb suction;
Assess for air leak and place to suction as needed for air leak
- Chest Tube (all other) to 20 cm H2O suction
Assess for air leak
- Jackson Pratt (Leg) to bulb suction
Strip every 4 hours and as needed for clotting
- Band all chest tubes prior to activity and tape securely
- Obtain order for tube and line removal when the following criteria are met:
 - Chest tubes and JP's when drainage < 20 mL x 3 hours and no air leak
 - Central Lines when hemodynamically stable IF PIV access is present and patent
 - Discontinue Foley on post op day 2

Initials _____

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Respiratory

- Oxygen Delivery RN/RT to Determine (Nasal Cannula or Aerosol Mask) Titrate to maintain Oxygen saturation greater than 90%

Diet

- Advance diet as tolerated to goal diet of: Heart Healthy (with Controlled Carbohydrate features if patient is diabetic) post extubation, House trays for first 3 days at 08, 12, 17

IV/ Line Insert and/or Maintain

- Central line maintain if present on transfer
- Convert Peripheral IV to Saline Lock: Saline lock all peripheral IV lines

Medications

- Please see Intra-hospital Transfer Medication Summary for transfer medications

Laboratory

- CBC/ NO DIFF in AM postop day 1, 2 and 3
- BASIC METABOLIC PANEL (BCS7) in AM postop day 1, 2 and 3
- MAGNESIUM LEVEL, PLASMA in AM postop day 1, 2 and 3
- Point of Care Capillary Blood Glucose 4 times a day, before meals and at bedtime begin prior to second meal and continue postop day 1,2 and 3; continue past post op day 3 if diabetic
- If on warfarin (COUMADIN) Select:
 - PT (PROTIME AND INR) daily

Radiology and Diagnostic Tests

- XR Chest Single , portable,
- routine in AM postop day 1, 2 and 3 ; Reason for exam: _____

Consult Provider

- Provider to provider notification preferred.
 - Consult other provider _____ regarding _____
Does nursing need to contact consulted provider? [] Yes [] No
 - Consult Hospitalist regarding _____ Does nursing need to contact consulted provider? [] Yes [] No

Consult Department

- Consult Dietitian Reason for consult: heart healthy diet instruction
- Consult Cardiac Rehab Reason for consult: inpatient and outpatient education and activity
- PT Physical Therapy Eval & Treat Reason for consult: Post op CVOR -Start postop day 1
- OT Occupational Therapy Eval & Treat Reason for consult: Post op CVOR-Start postop day 1

Provider Signature: _____ Date: _____ Time: _____