(place patient label here)

Patient Name:_____

BENEFIS HEALTH SYSTEM
Benefis
HOSPITALS

PROVIDER ORDERS

Order Set Directions:
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Diagnosis: _____

Allergies with reaction type:_____

Cardiovascular Surgery - Postoperative

Version 5 11/27/18

Patient Placement

Preferred Location/Unit

☑ ICU

Activity

Immediate Postop Phase

☑ Bed rest with head of bed > 30 degrees and turn Q2H as tolerated
☑ Dangle feet at bedside 1-2 hours after extubation
☑ Out of Bed to chair 6 hours after admission if extubated, no bleeding and hemodynamically stable
☑ Out of Bed with flexible arterial line in place 1-2 hours after extubation if not contraindicated

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 non unit standard: Q15min x 4, Q30min x 2 then Q1H and prn with all monitored pressures
☑ Intake and output STRICT Q15min x 4, Q30min x 2 then Q1H: Urine output and chest tube drainage
☑ Warming Blanket as needed for temp < 35.0 C
☑ Daily Weight
☑ ECG as needed for HR > 120 bpm (if not reduced with pain medication or sedation) or atrial fibrillation or any undiagnosed rhythm change
☑ XR Chest Single, portable as needed for change in condition
☑ Temporary Pacer attached and on standby until after up to chair x 1 and/or rhythm stable
☑ IF pulse < 60 bpm AND SBP < 90 mmHg and/or Cardiac Index < 2.0 Lpm: May pace at 80-100 beats per minute Notify provider
☑ IF Temperature > than 38.5 F (101.5 F)
☑ IF Pulse < 55 bpm OR > 120 bpm
☑ IF Sustained SBP > 160 mmHg OR < 90 mmHg after volume replacement if ordered
☑ IF Oxygen Saturation < 90%
☑ IF PCWP < 10 or > 20
☑ IF CVP < 5 (after volume replacement if ordered) or > 20
☑ IF Chest Tube Drainage > 100 mL/hour per cavity
☑ IF Urine Output < 30 mL/hr x 2 hours OR < 15 mL/hr x 1 hour
☑ IF Cardiac Index< 2.0 Lpm
☑ IF Serum K+ < 3.0 or > 5.2
☑ IF Hematocrit < 28
☑ IF Platelets < 80,000
☑ IF pH < 7.35 or > 7.5 OR pO2 < 60 OR pCO2 < 30 or > 45
☑ 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)
DEMERMABOND SITES: DO NOT APPLY TAPE OR SCRUB VIGOROUSLY
☑ Incentive spirometry every 1 hour post extubation
☑ IF patient unable to perform incentive spirometry adequately post extubation Notify provider for CPAP orders
☑ Aspiration Screening prior to oral intake. Nursing Instruction: Add to Intervention Worklist.

Initials_____

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BENEFIS HEALTH SYSTEM
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PROVIDER ORDERS

Drains and Tubes

- ☑ Foley Catheter Insert/Maintain
- ☑ Nasogastric/orogastric tube insert/maintain to low intermittent suction; Irrigate with normal saline every 4 hours. Discontinue after extubation
- ☑ 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
  Strip Q 1-4 Hours and as needed
- ☑ Chest Tube (all other) to 20 cm H2O suction
  Assess for air leak
  Strip Q 1-4 Hours and as needed
- ☑ Chest Tube- Sump to 80 cm wall suction
  Assess for air leak
  Strip Q 1-4 Hours and as needed
- ☑ 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
- ☑ IF femoral arterial line in place: Discontinue when hemodynamically stable
  Flexible femoral line = Bed rest x 4 hours post removal
  Cath lab femoral line = Bed rest x 8 hours post removal
- ☑ IF IABP femoral arterial line discontinued by provider: Bed rest x 12 hours post removal
- ☑ 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
  -Arterial Line when hemodynamically stable
  -Discontinue Foley on post op day 2

Respiratory

- ☑ Continuous End Tidal CO2 Monitor while on ventilator
- ☑ Pulse oximetry continuous
- ☑ Initial ventilator settings per anesthesia

Ventilator Protocols

- ☑ Initiate Postop CVOR Ventilator Weaning Protocol
  *Wean FiO2 to as low as 40% keeping SaO2 > 92%
  *When patient is alert check respiratory parameters assessing for FVC > 10 mL/kg, RR < 25, TV > 5 mL.kg and NIF > -25
  *IF above parameters met and FiO2 < 60% place patient on CPAP and check ABG in 20 minutes
  * If pH 7.35-7.45 and pO2 > 60 and pCO2 < 45 then extubate and obtain ABG 20 minutes after extubation
  *If above parameters not met return patient to previous vent settings and Notify Provider (Cardiovascular Surgeon)

Post Extubation

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

Diet

- ☑ NPO Diet until extubated
- ☑ 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

Initials_____

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BENEFIS HEALTH SYSTEM
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PROVIDER ORDERS

IV/ Line Insert and/or Maintain

☑ Central line maintain
☑ Convert Peripheral IV to Saline Lock Saline lock all peripheral IV lines
☑ Arterial IV insert/maintain

IV Fluids - Maintenance Specific Fluid

Sodium Chloride 0.9% IV
☑ 10 milliliter/hour continuous intravenous infusion to central line ports as needed for carrier for drips

Medications

Continuous Infusions

nitroprusside (NITROPRESS) 50 mg in 250 mL
☑ 0.5 microgram/kilogram per minute continuous intravenous infusion Titrate to keep SBP < 120 mmHg and > 90 mmHg MAX 10 mcg/kg/min

propofol (DIPRIVAN) 10 mg/mL
☑ 5 microgram/kilogram per minute or CONTINUE RATE FROM OR continuous intravenous infusion; May titrate to max 80 microgram/kilogram per minute to achieve appropriate sedation level; DC prior to extubation

- Select for IMA:

nitroglycerin 25 mg in 250 mL
☐ 10 microgram/minute continuous intravenous infusion x 18 Hours

- Select for Radial Artery Grafts:

diltiazem (CARDIZEM) 125 mg in 125 mL
☐ 5 milligram/hour continuous intravenous infusion

Infusions Continued from Surgery

☑ Initial infusions per anesthesia and communicated by RN to Surgeon

milrinone (PRIMACOR) 20 mg in 100 mL
☐ _____ microgram/kilogram per minute continuous intravenous infusion CONTINUE RATE FROM OR; Wean and DC as needed for SBP > 90 mmHg and/or Cardiac Index > 2.0; Notify Provider if needing to titrate up

norepinephrine (LEVOPHED) 4 mg in 250 mL
☐ _____ microgram/minute continuous intravenous infusion CONTINUE RATE FROM OR; Wean and DC as needed for SBP > 90 mmHg and/or Cardiac Index > 2.0; Notify Provider if needing to titrate up

phenylephrine 20 mg in 250 mL
☐ _____ microgram/minute continuous intravenous infusion CONTINUE RATE FROM OR; Wean and DC as needed for SBP > 90 mmHg and/or Cardiac Index > 2.0; Notify Provider if needing to titrate up

DOBUTamine (DOBUTREX) 500 mg in 250 mL
☐ _____ microgram/kilogram per minute continuous intravenous infusion CONTINUE RATE FROM OR; Wean and DC as needed for SBP > 90 mmHg and/or Cardiac Index > 2.0; Notify Provider if needing to titrate up

DOPamine 400 mg in 250 mL
☐ _____ microgram/kilogram per minute continuous intravenous infusion CONTINUE RATE FROM OR; Wean and DC as needed for SBP > 90 mmHg and/or Cardiac Index > 2.0; Notify Provider if needing to titrate up

EPINEPHrine 4 mg in 250 mL
☐ _____ microgram/kilogram per minute continuous intravenous infusion CONTINUE RATE FROM OR; Wean and DC as needed for SBP > 90 mmHg and/or Cardiac Index > 2.0; Notify Provider if needing to titrate up

niCARdipine (CARDENE) 20 mg in 200 mL
☐ _____ milligram/hour continuous intravenous infusion CONTINUE RATE FROM OR; Wean and DC as needed for SBP > 90 mmHg and/or Cardiac Index > 2.0; Notify Provider if needing to titrate up (MAX 15 milligram/hour)

vasopressin (PITRESSIN) 100 unit in 250 mL
☐ _____ milligram/hour continuous intravenous infusion CONTINUE RATE FROM OR; Wean and DC as needed for SBP > 90 mmHg and/or Cardiac Index > 2.0; Notify Provider if needing to titrate up

Initials_____

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Insulins: Continuous Infusions

insulin regular 250 unit in 250 milliliter 0.9% Sodium Chloride IV

☑ Continue rate from OR and Initiate Insulin Drip Protocol
Glucose Target Range: 120-180 mg/dL
Prime tubing with 20 mL prior beginning infusion

DO NOT TITRATE 2 HOURS AFTER FIRST MEAL
DISCONTINUE INSULIN DRIP 2 HOURS AFTER FIRST MEAL IF INFUSING AT < 3 UNITS/HOUR
** Consult pharmacist to calculate transition to SQ insulin BEFORE insulin drip is dc'd**
IF INFUSING AT > 3 UNITS/HOUR DO NOT DISCONTINUE AND NOTIFY PROVIDER

Scheduled Medications

GI Agents

famotidine (PEPCID)
- ☑ 20 milligram intravenously 2 times a day while NPO
- ☑ 20 milligram orally 2 times a day Begin when taking oral fluids

metoclopramide (REGLAN)
- ☑ 10 milligram intravenously every 6 hours x 48 hours (8 doses total IV or PO)
- ☑ 10 milligram orally every 6 hours x 48 hours (8 doses total IV or PO)

senna s (SENOKOT-S)
- ☑ 1 tablet orally once a day Begin postop day 1(HOLD for loose Stools)

bisacodyl (DULCOLAX)
- ☑ 10 milligram rectally once a day as needed no bowel movement by post op day 3 and patient eating (continue daily until results obtained and notify pharmacy to change to prn)

Anti-infective Agents

neomycin-bacitracin-polymyxin ointment (NEOSPORIN)
- ☑ applied topically 2 times a day : to chest tube sites while tubes in pace and when draining

chlorhexidine gluconate 0.12% mouthwash (PERIDEX)
- ☑ 15 milliliter orally (swish and spit) 2 times a day with oral hygiene x 7 days total

For Postop CABG Select One:

No Cephalosporin Allergy and No Anaphylaxis to Penicillin:

ceFAZolin (ANCEF)
- ☐ 2 gram intravenously every 8 hours x 24 hours
- ☐ 3 gram intravenously every 8 hours (Select for patients greater than 120 kilogram) x 24 hours

Cephalosporin Allergy OR Anaphylaxis to Penicillin OR unable to determine reaction type to Penicillin:

clindamycin (CLEOCIN)
- ☐ 900 milligram intravenously every 8 hours x 24 hours

For Postop Valve Select One:

No Cephalosporin Allergy and No Anaphylaxis to Penicillin:

ceFAZolin (ANCEF)
- ☐ 2 gram intravenously every 8 hours x 48 hours
- ☐ 3 gram intravenously every 8 hours (Select for patients greater than 120 kilogram) x 48 hours

Cephalosporin Allergy OR Anaphylaxis to Penicillin OR unable to determine reaction type to Penicillin:

clindamycin (CLEOCIN)
- ☐ 900 milligram intravenously every 8 hours x 48 hours

Initials_____

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BENEFIS HEALTH SYSTEM
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PROVIDER ORDERS

Bronchodilators

albuterol-ipratropium 2.5 mg-0.5 mg/3 mL soln for inhalation (DUONEB)
- ☐ 3 milliliter by nebulizer every 4 hours while intubated
- ☐ 3 milliliter by nebulizer 3 times a day post extubation

albuterol 2.5 mg/3 mL (0.083 %) solution for nebulization (VENTOLIN)
- ☐ 2.5 milligram by nebulizer every 4 hours while intubated
- ☐ 2.5 milligram by nebulizer 3 times a day post extubation

ipratropium 0.5 mg/2.5 ml neb solution (ATROVENT)
- ☐ 0.5 milligram by nebulizer every 4 hours while intubated
- ☐ 0.5 milligram by nebulizer 3 times a day post extubation

Miscellaneous Agents

metoprolol tartrate (LOPRESSOR)
- ☑ 25 milligram orally every 12 hours Hold for HR < 50 bpm or SBP < 100 mmHg

vitamin C
- ☐ 1000 milligram orally once a day x 5 days

allopurinol (ALOPRIM)
- ☐ 300 milligram orally once a day x 5 days

atorvastatin (LIPITOR)
- ☐ 80 milligram orally once a day, in the evening

Anticoagulants

aspirin
- ☐ 81 milligram orally once a day Begin postop day 1

warfarin (COUMADIN)
- ☐ _____ milligram orally once a day Begin postop day 1

clopidogrel (PLAVIX)
- ☐ 75 milligram orally once a day Begin postop day 1-hold for platelet count less than 90,000

Post CVOR Atrial Fibrillation Protocol

☑ IF Atrial Fibrillation: Initiate Post CVOR Atrial Fibrillation Protocol

amiodarone intravenous drip 1.8 milligram per milliliter (NEXTERONE)
- ☑ 150 milligram bolus over 10 minutes intravenously once as needed atrial fibrillation with heart rate > 100 and Systolic BP > 100 mmHg; Followed by continuous infusion
- ☑ 1 milligram/minute continuous intravenous infusion for x 6 hours (begin after bolus) then decrease infusion rate to 0.5 milligram/minute; Do not start if Heart Rate is less than 100 bpm or Systolic BP is less than 100 mmHg; If patient converts to normal sinus rhythm discontinue IV infusion and start oral per protocol below

diltiazem in normal saline 125 milligram/125 milliliter (CARDIZEM)
- ☑ 20 milligram bolus over 10 minutes intravenously once as needed IF 30 minutes after the amiodarone bolus the heart rate remains > 130 and Systolic BP > 100 mmHg; Followed by continuous infusion
- ☑ 5 milligram/hour continuous infusion Titrate by 5 milligrams per hour [MAX infusion rate: 15 milligram/hour, MAX infusion time: 24 hours] to goal Heart Rate of 90-100 bpm as long as Systolic PB remains greater than 100 mmHg; HOLD and CALL provider for Heart Rate less than 50 bpm and/or SPB less than 90 mmHg; If patient converts to normal sinus rhythm discontinue

☑ IF Heart Rate remains greater than 130 bpm after both amiodarone and diltiazem initiated OR if Systolic BP is less than 90 mmHg NOTIFY PROVIDER [Cardiologist]

☑ IF patient converts from atrial fibrillation to normal sinus rhythm: Discontinue amiodarone and diltiazem infusions and notify pharmacy to begin amiodarone (CORDARONE) 400 milligram orally BID x 3 days then 200 mg BID x 2 weeks

Initials_____

(place patient label here)

Patient Name: _____

BENEFIS HEALTH SYSTEM
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HOSPITALS

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Unscheduled (PRN) Medications

Antihypotensives

- Phenylephrine is ordered via separate standing order so that the medication is available immediately post-op (SO Cardiovascular Surgery Postop Phenylepherine)

Sodium Chloride 0.9%
- ☐ 1000 milliliter bolus intravenously once as needed CVP < 8 mmHg; Do not repeat

albumin, human 5%
- ☑ 250 milliliter intravenously as needed CVP < 8 mmHg; May repeat to MAX of 1000 mL

Analgesics

acetaminophen (TYLENOL)
- ☑ 500 milligram orally every 6 hours for 5 day then as needed for mild pain

morphine
- ☑ 2-5 milligram intravenously every 30 minutes as needed for severe pain MAX 10 milligrams per hour unless allergic

fentaNYL
- ☑ 25-50 microgram intravenously every 30 minutes as needed for severe pain if allergic to morphine

meperidine (DEMEROL)
- ☑ 12.5-25 milligram intravenously every 10 minutes as needed for shivering : not to exceed 50 milligrams in 4 hours

oxyCODONE (OXY IR) Immediate Release
- ☑ 5-10 milligram orally every 3 hours as needed for moderate-to-severe pain Begin when taking PO

Anxiolytic Agents - Injectable

diazepam (VALIUM)
- ☑ 2.5-5 milligram intravenously every hour as needed for agitation or anxiety

GI Agents

metoclopramide (REGLAN)
- ☑ 10 milligram intravenously every 4 hours as needed for nausea/vomiting (If not relieved use Ondansetron)

metoclopramide (REGLAN)
- ☑ 10 milligram orally every 4 hours as needed for nausea/vomiting (If not relieved use Ondansetron)

ondansetron (ZOFRAN)
- ☑ 4 milligram intravenously every 4 hours as needed for nausea/vomiting If not relieved notify Provider

alum-mag hydroxide-simeth (MINTOX)
- ☑ 15-30 milliliter orally every 4 hours as needed for dyspepsia

Electrolyte Replacement

- The following are to be administered via central line only
- Monitor for arrhythmia changes during all electrolyte replacement therapy

magnesium sulfate
- ☑ 2 gram in 50 mL intravenously over 60 minutes as needed for magnesium < 2.4

potassium chloride
- ☑ 30 milliequivalent in 100 mL intravenously over 60 minutes as needed for potassium < 3.4; IF potassium < 3.0 begin infusion and NOTIFY PROVIDER
- ☑ 20 milliequivalent in 100 mL intravenously over 60 minutes as needed for potassium 3.5 - 3.9

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BENEFIS HEALTH SYSTEM
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PROVIDER ORDERS

Laboratory

Immediate Postop
- ☑ BASIC METABOLIC PANEL (BCS7)
- ☑ MAGNESIUM LEVEL, PLASMA
- ☑ CBC/ NO DIFF
- ☑ PT (PROTIME AND INR)
- ☑ PTT
- ☑ FIBRINOGEN
- ☑ Blood gas study: Arterial

6 Hours Postop
- ☑ BASIC METABOLIC PANEL (BCS7)
- ☑ MAGNESIUM LEVEL, PLASMA
- ☑ CBC/ NO DIFF

Daily
- ☑ CBC/ NO DIFF postop day 1,2 and 3
- ☑ BASIC METABOLIC PANEL (BCS7) postop day 1,2 and 3
- ☑ MAGNESIUM LEVEL, PLASMA postop day 1,2 and 3
- ☑ Blood gas study: Arterial daily while intubated
- ☑ 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

- If on warfarin (COUMADIN) Select:
  - ☐ PT (PROTIME AND INR)

Conditional/PRN

20 minutes after Vent changes involving TV and/or rate and as needed for condition change:
- ☑ Blood gas study: Arterial

As need for bleeding:
- ☑ CBC/ NO DIFF
- ☑ PT (PROTIME AND INR)
- ☑ PTT
- ☑ FIBRINOGEN

1 hour after electrolyte (K, Mg) replacement:
- ☑ MAGNESIUM LEVEL, PLASMA
- ☑ POTASSIUM LEVEL, PLASMA

1 hour after Packed Cells (PRBC) infused:
- ☑ HH (HGB & HCT)

1 hour after Platelets infused:
- ☑ PLATELET COUNT

1 hour after Cryo or FFP infused:
- ☑ PT (PROTIME AND INR)
- ☑ PTT
- ☑ FIBRINOGEN

Radiology and Diagnostic Tests
- ☑ ECG routine following surgery and Postop Day 1; Reason for exam: Post op CVOR
- ☑ XR Chest Single, portable, routine once a day, in the morning postop day 1,2 and 3; Reason for exam: Post op CVOR

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

Initials_____

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VTE Prophylaxis

Step 1: VTE Risk Assessment: SELECT ONE RISK CATEGORY

☐ **LOW RISK- FEW PATIENTS FALL IN THIS CATEGORY** (Includes ambulatory patients WITHOUT additional VTE risk factors [see Appendix 1 for risk factors]) No specific measure required, early ambulation

- *Order for all **LOW** risk patients **IF** not already ordered.*
  - ☐ Ambulate 3 times a day

☐ **MODERATE RISK- ANY PATIENT NOT IN LOW RISK OR HIGH RISK CATEGORY-MOST PATIENTS FALL IN THIS CATEGORY** (Patients with one or more VTE risk factors)

☐ **HIGH RISK- ANY PATIENT NOT IN LOW OR MODERATE RISK CATEGORY** (Includes: Elective major lower extremity arthroplasty, hip, pelvic or surgery, lower extremity fracture, acute spinal cord injury with paresis, multiple major trauma, abdominal or pelvic surgery for cancer)

Step 2: Order Prophylaxis

☐ Prophylaxis already addressed post-operatively- See post-op orders

➢ *Pharmacological VTE Prophylaxis*

- *Order for **MODERATE** and **HIGH** risk patients unless contraindicated*

☐ No pharmacological prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

CONTRAINDICATIONS		
Absolute	**Relative**	
☐ Active hemorrhage or high risk for hemorrhage	☐ Craniotomy in last 2 weeks	☐ Active intracranial lesions/ neoplasms
☐ Severe trauma to head or spinal cord WITH hemorrhage in last 4 wks	☐ Intracranial hemorrhage in 12 mos.	☐ Hypertensive emergency
	☐ Intraocular surgery in last 2 wks	☐ Post-op bleeding concerns
	☐ GI, GU hemorrhage in last 30 days	☐ Scheduled to return to OR in the next 24 hrs
	☐ Thrombocytopenia (< 50,000)	☐ Epidural catheters or spinal block
	☐ Coagulopathy (PT > 18 sec)	☐ End stage liver disease
OTHER:		

Medications

enoxaparin (LOVENOX)
- ☐ 40 milligram subcutaneously once a day
- ☐ 30 milligram subcutaneously once a day for impaired renal function- GFR less than 30 mL/min

heparin
- ☐ 5,000 unit subcutaneously every 12 hours
- ☐ 5,000 unit subcutaneously every 8 hours

● Select fondaparinux (ARIXTRA) ONLY IF suspected or known history of immune-mediated HIT OR allergy to enoxaparin (LOVENOX)

fondaparinux (ARIXTRA)
- ☐ 2.5 milligram subcutaneously once a day DO NOT USE if GFR less than 30mL/min

☐ Other Medication: _____

Laboratory

☑ CBC without differential every 3 days IF pharmacological prophylaxis is ordered

➢ *Mechanical VTE Prophylaxis*

- *Order for **HIGH** risk patients and **MODERATE** risk patients without pharmacological prophylaxis*

☐ No mechanical prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

Mechanical Contraindications
☐ Bilateral lower extremity amputee ☐ Bilateral lower extremity trauma ☐ Other:_____

Intermittent pneumatic compression
- ☐ Sequential compression device (SCD)
- ☐ Arterial venous impulses (AVI)

Apply anti-embolic stockings (graduated)
- ☐ knee high
- ☐ thigh high

Provider Signature:_____Date:_____Time:_____