

✓	ADULT CONGENITAL HEART POST-PROCEDURE ORDERS	ROOM NO. _____
ALLERGIES: _____		HT _____ (Cm) WT _____ (Kg)
<p>A <input checked="" type="checkbox"/> indicates a selected order. If a defaulted order is not appropriate, draw a line through the order.</p> <p>Admission Status: <i>Must select one when patient is first admitted. Do NOT use to convert a patient's admission status.</i></p> <p><input type="checkbox"/> Out-Patient Surgery / Procedure with or without Out-Patient Recovery (SDC). (e.g. expected post-procedure recovery, pain management.)</p> <p><input type="checkbox"/> Admit to Medical Observation (INo). Observation is an outpatient status used to determine the need for further treatment or possible inpatient admission. Usually can be determined in less than 24 hours . Patient must meet observation criteria each hour.</p> <p><input type="checkbox"/> Admit to Inpatient. Preferred unit: _____</p> <p>Diagnosis: _____</p> <p>Code Status: For DNAR status complete separate DNAR Physician Orderset</p> <p>Isolation (check all that apply):</p> <p><input type="checkbox"/> Airborne precautions</p> <p><input type="checkbox"/> Contact precautions</p> <p><input type="checkbox"/> Droplet precautions</p> <p>Vital Signs & Call Orders:</p> <p><input checked="" type="checkbox"/> Vital signs every 15 minutes x 1 hour, then Q 30 minutes X 2, then per unit protocol</p> <p><input type="checkbox"/> Call _____ at _____ with questions</p> <p>Nursing:</p> <p><input checked="" type="checkbox"/> Assess and document arterial / venous site and distal peripheral pulses every 15 minutes X 4, then every 30 minutes X 2, then per unit protocol</p> <p><input type="checkbox"/> Activated Clotting Time (ACT) at _____</p> <p><input type="checkbox"/> Pre-medicate 5 minutes prior to sheath removal – see medications</p> <p><input type="checkbox"/> If arterial / venous sheaths in place, DC sheaths when Activated Clotting Time (ACT) is less than or equal to _____ or APTT is less than or equal to _____.</p> <p style="padding-left: 20px;">If there is bleeding at puncture site(s), apply handheld pressure for 20 minutes and notify the Cardiologist</p> <p><input checked="" type="checkbox"/> Cardiac monitoring</p> <p><input type="checkbox"/> May go to / from procedure without cardiac monitoring</p> <p><input type="checkbox"/> If hemodynamically stable, with no signs / symptoms of bleeding or hematoma, and meets discharge criteria, may discharge home at _____</p> <p>Activity:</p> <p><input type="checkbox"/> HOB flat until _____, then up at 30 degrees</p> <p><input type="checkbox"/> Bed rest with affected leg straight X _____ hours post-sheath removal, then ambulate 50 feet</p> <p><input type="checkbox"/> Up ad lib at _____</p>		
12-hour Chart Check _____		RN DATE: ____ / ____ / ____ TIME: _____
T.O. _____		Taken by: _____ TIME: _____
TRANSCRIBED BY: _____		TIME: _____ NOTED BY: _____ TIME: _____
PHYSICIAN SIGNATURE: _____		DATE: _____ TIME: _____
PRINTED NAME/ID#: _____	(COUNTER-SIGN ALL T.O. ORDERS WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)	



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ALLERGIES:		HT _____ (Cm) WT _____ (Kg)
Nutrition:		
<input type="checkbox"/> Cardiac <input type="checkbox"/> Cardiac 2 Gm sodium <input type="checkbox"/> Cardiac 2 Gm sodium / Diabetic Carb Control _____ calories <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____		
Procedures:		
<input type="checkbox"/> 12-lead EKG at _____; Reason for exam: _____ <input type="checkbox"/> Echocardiogram (ECHOA) at _____; Reason for exam: _____ <input type="checkbox"/> CXR (1View) Portable on arrival in unit; Reason for exam: _____		
LAB:		
<input type="checkbox"/> BMP at _____ <input type="checkbox"/> CBC at _____ <input type="checkbox"/> PT at _____ <input type="checkbox"/> APTT at _____ <input type="checkbox"/> Other _____		
IV Fluids:		
<input type="checkbox"/> _____ to run at _____ mL / hour X _____ hours <input type="checkbox"/> DC IV Fluids at _____ & convert to saline lock and flush per protocol <input type="checkbox"/> Saline lock. Flush per protocol.		
Medications:		
Analgesics:		
<input type="checkbox"/> Acetaminophen (Tylenol) 650 mg PO Q 6 hours PRN headache or mild pain (scale 1-3). Total acetaminophen not to exceed 4000 mg / 24 hours). <input type="checkbox"/> Norco 5-325 1 Tab PO Q 4 hours PRN moderate pain (scale 4-6). If ineffective, may give an additional Tablet in 1 hour, then may give 2 Tabs PO Q 4 hours PRN moderate pain thereafter. (Do not exceed 12 Tabs / 24 hours or total acetaminophen not to exceed 4000 mg / 24 hours).		
Anti-emetics:		
<input type="checkbox"/> Ondansetron (Zofran) 4 mg IVP Q 12 hours PRN nausea / vomiting. May give IM if no IV access. If ineffective, give Prochlorperazine (Compazine) 10 mg IV Q 6 hours PRN nausea / vomiting. May give IM if no IV access.		
Anticoagulants:		
<input type="checkbox"/> Aspirin enteric coated _____ mg PO daily, or <input type="checkbox"/> Clopidogrel (Plavix) 75 mg PO daily		
Pre-medications Prior to Sheath Removal:		
<input type="checkbox"/> Morphine Sulfate 2 mg IV Push X 1 dose, to be given 5 minutes prior to sheath removal, or <input type="checkbox"/> Hydromorphone (Dilaudid) 0.5 mg IV Push X 1 dose, to be given 5 minutes prior to sheath removal		
Additional Orders:		
<input type="checkbox"/> _____ <input type="checkbox"/> _____		
12-hour Chart Check _____		RN DATE: ____ / ____ / ____ TIME: _____
T.O. _____		Taken by: _____ / ____ / ____, TIME: _____
TRANSCRIBED BY: _____ / ____ / ____, TIME: _____		NOTED BY: _____ / ____ / ____, TIME: _____
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