

**Cardio Vascular Thoracic Pre Surgery orders**

R3593 Rev. 09.2024 page 1 of 1

To be performed within 30 days, unless otherwise noted.

Fax to (513) 585-0169

Surgeon name:

Phone:

Fax:

Patient Name :

Date of Birth

Surgery confirmation #

**Procedure Order:** \_\_\_\_\_

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

**WEIGHT (kg):** \_\_\_\_\_ **ALLERGIES:** \_\_\_\_\_

**General/MAC/Regional Anesthesia**      **Pre Admission Testing/Same Day Surgery RN to check if below criteria is met**  
**ECG required** - within 6 months of surgery if:  
 Diagnosis of: CAD, arrhythmia, CHF, CRF, arterial vascular disease, pulmonary disease (except asthma), or DM  
**PT/INR** day of surgery **required** – if no documented INR of 1.1 or less within 48 hours of surgery if on Warfarin in the last 30 days  
**POCT Glucose** day of surgery **required** – if diabetic, if blood glucose is less than 71 mg/dL (or less than 100mg/dL and symptomatic) or if greater than or equal to 180 mg/dL, initiate Preop Diabetes/Glycemic Control Order Set and Notify Anesthesia  
**Potassium** day of surgery **required** – if: 1) On dialysis or 2) Diagnosis of renal failure (not renal insufficiency or working transplant)  
**Urine pregnancy** (Beta HCG if unable to void) on day of surgery, unless patient has negative serum pregnancy test within 7 days of surgery – **required** if female with no history of hysterectomy **and:**  
 1) 11-55 years 2) Less than 11 years and has begun menses or 3) Greater than 55 years and less than one year post-menopausal  
**IV: Insert Peripheral IV day of surgery (and saline lock if needed per anesthesia)**  
 Normal Saline @ 125 ml/hr (1000 ml bag) unless diagnosed with CRF then @ 50 ml/hr  
 Other IV \_\_\_\_\_  
 **Local Anesthesia**

**Pre-operative consultation to evaluate for risk factors prior to surgery**  
 per PCP, may use hospitalists if not available     per hospitalist     per surgeon: date \_\_\_\_\_

**Request for anesthesia** to provide postoperative advanced pain management

**Nursing:**  
 Patient to brush teeth and rinse with Peridex (Chlorhexidine Gluconate) 0.12% oral rinse 15 ml prior to OR  
 TED hose     Knee high     Thigh high  
 Swab each nares with Nozin as directed by manufacture. Do NOT administer if allergic to Jojoba, Vitamin E oil, or oranges-call provider to obtain order for mupirocin. Routine, ONE TIME, For 1 Occurrences, Pre-op (day of surgery)

**Labs:**     CBC                       CBC w/Diff                       PT/INR                       PTT                       Fibrinogen  
 Type & Screen               Basic Metabolic Panel (EP1)     LIPV                       Lipids                       Magnesium  
 HgbA1C                       Urinalysis                       Urine C&S                       Urine Cotinine  
 COVID19                       Other \_\_\_\_\_

**Diagnostic Studies:**     **Chest X-ray PA & Lateral** (within 6 months)     Other: \_\_\_\_\_  
**Reason:** \_\_\_\_\_  
 **ECG Reason:** \_\_\_\_\_

**VTE Mechanical Prophylaxis:**  
 **Place SCD prior to induction of anesthesia**     Knee     Thigh     Right     Left     Bilateral  
 **NO SCD needed-must give reason**     Already anticoagulated     Ambulating     Refused     Comfort measures only     Fall risk  
 Not indicated-low clinical risk

**VTE Pharmacologic Prophylaxis:**  
 **Heparin** 5,000 units, subcutaneous, preop once  
 **No pharmacologic VTE-must give reason**     Already anticoagulated     Bleeding risk     Active bleeding     Refused     Comfort measures only  
 Thrombocytopenia                       Not-indicated-low clinical risk

**No preop antibiotics needed**

**Pre-Operative Antibiotics:**  
**\* Required: \*Any open-heart surgery including mediastinal re-exploration**  
 Cefuroxime 1.5g IVPB x1 **Alternate if allergy give** Vancomycin 15mg/kg (Max 2000mg) x1  
**\* Required: \*Pacemaker or defibrillator implant**  
 Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1 **Alternate if allergy give** Vancomycin 15mg/kg (Max 2000mg) x1  
**OTHER:** \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

