

CARDIAC SURGERY - TRANSFER ORDERS

TRANSFER PATIENT TO 12 TOWER

1. CONSULTS:

- Continue Current Consults
Discharge Planning- Home Health Care
PT for evaluation and treatment
OT for evaluation and treatment
Consult PM&R (Inpatient Rehab)
Outpatient Cardiac Rehabilitation (Phase II) to start 4 - 6 weeks post-op; 3 times per week for 6-12 weeks.
Discontinue ALL post-operative titration infusions (Vasodilators, Vasopressors, Inotropes, Sedation, and CCU Electrolyte Replacement Protocol)

2. INDWELLING CATHETER:

- Discontinue Foley / Continue Foley, DOCUMENTATION NEEDED (Select Reason Below)
Urinary tract obstruction / gross hematuria
Urological or other surgery structures / urology study
Neurogenic bladder dysfunction
Stage 3 or 4 sacral area decubitus, incontinent
Hospice or palliative care/comfort care if pt requested
Other

3. DVT Prophylaxis

- Intermittent Pneumatic Compression Device (IPC) at all times except while ambulating
Antiemebolic Knee High Stocking

4. RESPIRATORY:

- Incentive spirometry 10 times per hour while awake
Oxygen: Wean O2 to keep SpO2 greater than 92%
Pulse Ox every shift. Notify Physician if O2 SAT less than 90%
Continue current orders for EzPAP or SVN. Respiratory Therapy to monitor and assess.

5. ACTIVITY:

- Ambulate four times per day with Assist- Progress distance and frequency as tolerated
Up to chair four times per day
Shower patient daily once CT removed.
Shower patient daily with CT

6. DIET: Maintain Diet from CCU

7. LABS:

- CBC, CMP DAILY
PT/INR daily
2VIEW CXR (PA & LAT) on

Physician Signature

Date (required)

Time (required)



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PT.

MR.#/P

DR.

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8. MONITORING

- Continuous Cardiac Monitoring
STRICT Intake and Output
Vitals every 4 hours
DAILY Weights- STANDING (unless patient unable to stand) record in kilograms
Record Chest Tube output every shift
Chest Tubes to drainage unit - suction at -20cm of water
Chest tubes to water seal
Pacer Settings: Ground Wires/Cap Wires
Mode: AAI VVI Rate AV Interval
DDD DOO A Output V Output

9. MISCELLANEOUS:

- Call Surgeon/NP before transfusion of any blood products
Notify: Systolic BP greater than 170 mmHg or less than 90 mmHg, Pulse greater than 120 BPM or less than 60 BPM, Atrial fibrillation / Atrial flutter, Any new onset or significant arrhythmias
Notify: Respiratory Rate greater than 26, Temp greater than 38.8° C
Clean incisions every shift with Chlorhexidine, DO NOT rinse; If DermaBond used on incision- wash with soap and water. Do not use Chlorhexidine
Remove pressure dressings after 24 hours
If heart rate less than 60 or symptomatic bradyarrhythmia: Attach dual chamber pacemaker to epicardial wires, Pace at rate of 90, AVI 200, atrial and ventricular mA20, Asynch, Notify Surgeon/Nurse Practitioner
If no urine output 8 hours post foley removal bladder scan if >200mL straight cath
Notify provider if initial straight cath and bladder scan have been completed and patient still unable to void 8 hours post straight cath.

10. DISCHARGE INSTRUCTIONS: Upon discharge, ensure that CABG patients are on ASA, BetaBlocker and Statin. If Ejection fraction is less than 40, patient must be on an ACE inhibitor; unless otherwise contraindicated.

Last Documented EF: Date:

Physician Signature

Date (required)

Time (required)

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PHYSICIANS ORDERS AND INSTRUCTIONS TO NURSE

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