

INTRAVENOUS THERAPY					FLUID RESTRICTIONS:	DIET:	TUBE FEEDING:	
DATE ORDERED	PERIPHERAL	CVP	PIC	SL	PORT	1st _____ cc Total 1500cc Trays 240cc	2-3gm Na ↑K+↓ Chol ↓ Fat	
/	LR @ 50ml / hr				ACTIVITY: Per Cardiac Surgery Protocol			
/	Insulin gtt per Protocol x 48				TRAVEL: Bed _____ Wheelchair _____ Stretcher _____ O ₂ _____			
					BATH:		POSITION:	B.M.
					V.S. Routine Cardiac Surgery Protocol		I&O Q15" till Extubated then Q1 "Strict"	O ₂ Keep SpO ₂ > 92%
	BLOOD PRODUCTS:				Neuro			DAILY WT. @0500
	Transfuse 1 Unit PRBC's if Hgb < 7				SPECIAL PROGRAMS:			
					DATE ORDERED		TIME	
TPN:	LIPIDS:		CHEMO/SPECIAL IV THERAPY:		/	P.T.		
					/	O.T.		
						SPEECH		
						RADIATION		
						TEACHING		
					/	Cardiac	Rehab	
					DATE ORDERED	RESPIRATORY THERAPY		
					/	EZ PAP Albuterol UD Q4h		
					/	IS 10 x 1hr WA		

DATE ORDERED	CONSULTS	NOTIFY	HERE	DATE	SPECIAL COMMENTS & INFORMATION	ADVANCE DIRECTIVES:
				/	Transfer to 12T	Durable Power of Attorney:
				/	Notify _____ if: Temp. > 38.8°C SBP > 170, < 90, HR > 120, < 60 RR > 26, O ₂ SAT < 90%, A.Fib, A.Flutter	Legal Guardian:
				/	Call Surgeon/NP if CT output > 200 ml/hr, Arrhythmias	Next of Kin:
				/	Call _____, if UOP < 30 ml/hr for 2 consecutive hours	In Case of Emergency:
						CODE STATUS:
						DISCHARGE PLANS
						Discharge Plan Referral:
						Social Work Referral:
						DATE NOTIFIED
SIGNIFICANT PAST MEDICAL HISTORY:						DRG/LOS:
DIAGNOSIS:						BRADEN SCALE:
POST DIAGNOSIS OR SURGERY:						
						ALLERGIES

MEDICAL RECORD NO	PATIENT	ROOM NO	DOCTOR	AGE	ADM DATE
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McLAREN FLINT

CABG

NURSING CARE CARD

Use Pencil Only

DATE ORDERED	TREATMENTS & DRESSINGS	DATE ORDERED	X-RAY	DATE SCHEDULED	DATE ORDERED	DAILY LAB WORK Gluc Per Protocol
/	Clean Incision with Chlorhexidin Q Shift	/	PCxR on arrival		/	CBC, CMP, MG QD
	Do Not Rinse	/	PCxR QD			
/	Remove Chest & Leg drsg POD #1					
/	Record CT Output per protocol					
					DATE ORDERED	LABORATORY
					/	CBC, BMP, ICA, MG, PT, PTT, STAT
					/	ICA, PT, PTT POD # 1
					/	CBC 3hr & 6hr Post Op _____, _____
	DRAINS & PACKING					
DATE ORDERED	EQUIPMENT					
/	Straight Cath Q8hr PRN					
/	IPC while in bed					
/	CT's to - 20 cm H ₂ O suction					
			FALL RISK		DATE ORDERED	DIAGNOSTIC TESTS/SPECIMENS
		DATE ORDERED	EKG			
Ht.	CODE STATUS	/	@ 2hr Post op			
Wt.		/	POD # 1			