

# Cardiac Surgery PreOp Evaluation [2022]

## General

## Nursing

### Nursing Care

- |  |   |
|--|---|
| <input type="checkbox"/> 5M walk test/frailty test | Routine, Once<br>Complete 5 meter gait speed test |
|--|---|

## IV Fluids

### IV Fluids (Single Response)

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> sodium chloride 0.9 % infusion  | 75 mL/hr, intravenous, continuous |
| <input type="checkbox"/> lactated Ringer's infusion  | 75 mL/hr, intravenous, continuous |
| <input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion | 75 mL/hr, intravenous, continuous |
| <input type="checkbox"/> sodium chloride 0.45 % infusion   | 75 mL/hr, intravenous, continuous |
| <input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion         | 75 mL/hr, intravenous, continuous |

## Medications

## VTE

## Labs

### Labs Today

- |   |  |
|---|--|
| <input type="checkbox"/> CBC with platelet and differential | Once   |
| <input type="checkbox"/> CBC hemogram                       | Once   |
| <input type="checkbox"/> Comprehensive metabolic panel      | Once   |
| <input type="checkbox"/> Prothrombin time with INR          | Once   |
| <input type="checkbox"/> Platelet function P2Y12            | Once   |
| <input type="checkbox"/> Anti Xa, low molecular weight      | Once<br>Heparin Name:  |
| <input type="checkbox"/> Platelet mapping                   | Once<br>Anticoagulant Therapy:<br>Diagnosis:<br>Fax Number (For TEG Graph Result): |
| <input type="checkbox"/> Hemoglobin A1c                     | Once   |
| <input type="checkbox"/> Lipid panel                        | Once   |
| <input type="checkbox"/> Type and screen                    | Once   |

### Microbiology

- |   |  |
|---|--|
| <input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture | Once<br>Specimen Source: Urine<br>Specimen Site: |
| <input type="checkbox"/> MRSA screen culture                                      | Once, Nares                                      |

## Cardiology

## Imaging

## Other Studies

## Respiratory

### Respiratory Care

- |  |                           |
|--|---------------------------|
| <input type="checkbox"/> Pulmonary function protocol<br>(Includes Spirometry, Flow Volume Loop, and Bronchodilators, Lung Volumes and DLCO if indicated) | <b>"And" Linked Panel</b> |
|--|---------------------------|

<input type="checkbox"/>	Spirometry pre & post w/ bronchodilator	Routine, Once
<input type="checkbox"/>	Body Plethysmographic lung volumes	Routine, Once
<input type="checkbox"/>	Diffusion capacity	Routine, Once

## Rehab

## Consults

For Physician Consult orders use sidebar

### Ancillary Consults

<input checked="" type="checkbox"/>	Consult to CV Coordinator	Reason for consult: CABG/VALVE Surgery
<input type="checkbox"/>	Consult to Case Management	Consult Reason:
<input type="checkbox"/>	Consult to Social Work	Reason for Consult:
<input type="checkbox"/>	Consult PT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/>	Consult PT wound care	Special Instructions: Location of Wound?
<input type="checkbox"/>	Consult OT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/>	Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/>	Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/>	Consult to Speech Language Pathology	Routine, Once Reason for consult:
<input type="checkbox"/>	Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult:
<input type="checkbox"/>	Consult to Respiratory Therapy	Reason for Consult?

## Additional Orders