

Cardiac Surgery Pre-Op Inpatient [1863]

The Cardiac Surgery Pre-Op Inpatient order set is for patients currently admitted to the hospital. If placing pre-op orders for outpatients/PAT, please use the Cardiac Surgery Pre-Op Outpatient (Ambulatory) order set.

General

Case Request (Single Response)

<input type="checkbox"/> LOBECTOMY, LUNG, ROBOT-ASSISTED, THORACOSCOPIC	Panel 1 LOBECTOMY, LUNG, ROBOT-ASSISTED, THORACOSCOPIC, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> LOBECTOMY, USING VATS	Panel 1 LOBECTOMY, USING VATS, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> EXPLORATION, CHEST, FOR POSTOPERATIVE COMPLICATION	Panel 1 EXPLORATION, CHEST, FOR POSTOPERATIVE COMPLICATION, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> BRONCHOSCOPY	Panel 1 BRONCHOSCOPY, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> BRONCHOSCOPY, USING ELECTROMAGNETIC NAVIGATION	Panel 1 BRONCHOSCOPY, USING ELECTROMAGNETIC NAVIGATION, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> THORACOTOMY	Panel 1 THORACOTOMY, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> THORACOSCOPY	Panel 1 THORACOSCOPY, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> PLEURODESIS, THORACOSCOPIC	Panel 1 PLEURODESIS, THORACOSCOPIC, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> DEBRIDEMENT, STERNUM	Panel 1 DEBRIDEMENT, STERNUM, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> MYOTOMY, ESOPHAGUS, PERORAL, ENDOSCOPIC	Panel 1 MYOTOMY, ESOPHAGUS, PERORAL, ENDOSCOPIC, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> Case request operating room	Scheduling/ADT, Scheduling/ADT

Planned ICU Admission Post-Operatively (Admit to Inpatient Order) (Single Response)

Patients who are having an Inpatient Only Procedure as determined by CMS and patients with prior authorization for Inpatient Care may have an Admit to Inpatient order written pre-operatively.

<input type="checkbox"/> Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Pre-op
---	--

Nursing

Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP (per unit protocol)	Routine, Per unit protocol, Pre-op
--	------------------------------------

Telemetry Order

<input checked="" type="checkbox"/> Telemetry	"And" Linked Panel
---	--------------------

<input checked="" type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Chest pain syndrome Can be off of Telemetry for tests and baths? Yes Pre-op
--	--

<input checked="" type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94 Pre-op
--	--

Activity

<input checked="" type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Pre-op
---	---

<input type="checkbox"/> Ambulate	Routine, 3 times daily Specify: Pre-op
-----------------------------------	--

<input type="checkbox"/> Bed rest	Routine, Until discontinued, Starting S Bathroom Privileges: Pre-op
-----------------------------------	---

<input type="checkbox"/> Out of bed	Routine, Until discontinued, Starting S Specify: Out of bed Pre-op
-------------------------------------	--

Nursing Care

<input checked="" type="checkbox"/> Intake and output	Routine, Every shift, Pre-op
---	------------------------------

<input checked="" type="checkbox"/> Height and weight	Routine, Once For 1 Occurrences, Pre-op
---	---

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

<input type="checkbox"/> Initiate and maintain IV	
---	--

<input type="checkbox"/> Insert peripheral IV	Routine, Once
---	---------------

<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
--	--

<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
--	------------------------------------

<input type="checkbox"/> Provide equipment / supplies at bedside	Routine, Once Supplies: Other (specify) Other: Clippers Clip and prep, Pre-op
--	--

<input type="checkbox"/> Obtain medical records	Routine, Once Specify From: Obtain records of previous admissions and send to operating room with patient , Pre-op
---	--

<input type="checkbox"/> Obtain medical records	Routine, Once Specify From: Please send cath film and ECHO to *** for uploading. , Pre-op
---	--

Diet

[] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Pre-op
[] NPO-except meds	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options: Pre-op
[] NPO-after midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: Pre-op
[] Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid: Pre-op

Education

[X] Patient education-PreOp Cardiovascular Surgery teaching	Routine, Once Patient/Family: Education for: Other (specify) Specify: PreOp Cardiovascular Surgery teaching 1. No Smoking 2. Before surgery, walk 15-20 minutes daily. 3. Before surgery, you will learn how to perform coughing and deep breathing exercises using an incentive spirometer (IS), a tool used to help strengthen your breathing. These exercises lower the risk of lung complications after surgery. Repeat 10 times per hour while awake. 4. Bathe or shower the night before your surgery using Hibiclens soap that was provided to you to help prevent surgical site infection. Bathe or shower the morning of your surgery using Hibiclens soap. 5. After surgery, you will be moved to the intensive care unit (ICU) with a breathing tube, chest tubes and urine catheter. The breathing tube is safely removed as soon as possible. 6. After surgery, your care team will determine when you are able to sit ("dangle") on the side of the bed. Once your blood pressure, heart rate and blood circulation are stable, you will progress to sitting in a chair. Later expectations are to sit in chair for all meals and walk 4 times daily as tolerated. 7. After surgery, you will learn how to perform coughing and deep breathing exercises using an incentive spirometer (IS), a tool used to help strengthen your breathing. These exercises lower the risk of lung complications after surgery. Repeat 10 times per hour while awake. 8. After surgery, you will start out by sucking on ice chips, then advanced to drinking limited fluids. You may begin a heart healthy/low sodium diet. 9. After surgery, you will begin cardiac rehabilitation in the hospital. After you are discharge and when it is safe to participate, your physician will refer you to cardiac rehabilitation phase II. Cardiac rehab uses exercise training and lifestyle changes to optimize your physical, psychological and social functioning., Pre-op
---	---

<input type="checkbox"/> Tobacco cessation education	Routine, Once Per STS Adult Cardiac Surgery - Tobacco cessation should be provided to tobacco users within a year of surgery (tobacco usage with 1 year of surgery). Tobacco cessation education documentation consist of the following: Brief counseling of 3 minutes or less (documentation of minimal and intensive advice/counseling interventions conducted both in person and over the phone), AND/OR pharmacotherapy (documentation of a prescription given to patient for tobacco cessation), Pre-op
--	--

Consents

<input type="checkbox"/> Complete consent for	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Pre-op
---	---

Perfusion

Cell Saver

<input type="checkbox"/> Cell saver	Routine, Until discontinued, Starting S
<input type="checkbox"/> Platelet sequestration	Routine, Until discontinued, Starting S

Cell Saver Medications

<input type="checkbox"/> sodium chloride 0.9 % bolus	1,000 mL, perfusion, for 15 Minutes, PRN, Cell Saver, Intra-op
<input type="checkbox"/> anticoagulant citrate dextrose (ACD) irrigation	1,000 mL, perfusion, PRN, Cell Saver, Intra-op
<input type="checkbox"/> sodium chloride 0.9 % 1,000 mL with HEParin (porcine) 5,000 Units cell saver perfusion	1,000 mL, perfusion, PRN, Heparinized saline for cell saver, Intra-op

IV Fluids

IV Fluids (Single Response)

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

Medications

Surgical Prep Medications

<input checked="" type="checkbox"/> Surgical Prep - chlorhexidine (HIBICLENS) 4% Surgical Scrub and chlorhexidine (PERIDEX) 0.12 % oral solution	
<input checked="" type="checkbox"/> Night Prior to and Morning of Surgery - For Patients Who Can Shower ONLY - chlorhexidine (HIBICLENS) 4 % liquid	Topical, 2 times daily, Pre-op Please supply and instruct patient. Chlorhexidine bath/shower the night prior to surgery and the morning of surgery.
<input type="checkbox"/> Night Prior to and Morning of Surgery - chlorhexidine (PERIDEX) 0.12 % oral solution	5 mL, Mouth/Throat, 2 times daily, Pre-op Night prior to and morning of surgery: Swish and Spit as directed.

Oral Decolonization

<input checked="" type="checkbox"/> Night Prior to and Morning of Surgery - chlorhexidine (PERIDEX) 0.12 % oral solution	5 mL, Mouth/Throat, 2 times daily, For 2 Doses, Pre-op Pre-op Night prior to and morning of surgery: Swish and Spit as directed.
<input checked="" type="checkbox"/> Pre-op Prior to Surgery (AOD), Chlorhexidine (PERIDEX) 0.12 % oral solution	5 mL, Mouth/Throat, once, For 1 Doses, Pre-op Pre-op prior to surgery (AOD), Swish and Spit as directed.
<input checked="" type="checkbox"/> Nasal Decolonization (Single Response) (Selection Required)	
<input checked="" type="checkbox"/> povidone-iodine (3M SKIN AND NASAL ANTISEPTIC) 0.5% NASAL swab	4 Swab, nasal, once, For 1 Doses, Pre-op Prior to Surgery (AOD): Insert swab into one nostril for 30 seconds. Using a new swab, repeat with the other nostril. Repeat the application in both nostrils using new swabs. Patient instructed not to blow nose, may dab any drainage with tissue.
<input type="checkbox"/> IODINE ALLERGY ONLY: mupirocin (BACTROBAN) 2 % ointment	1 application, nasal, once, For 1 Doses, Pre-op Prior to Surgery: Apply to each nare. Patient instructed not to blow nose, may wipe any drainage with tissue.
<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet	12.5 mg, oral, once, For 1 Doses, Pre-op BP & HR HOLD parameters for this order: Hold Parameters requested BP & HR HOLD for: HOLD for Heart Rate LESS than: 50 bpm Contact Physician if:

PreOp Antibiotics: For Patients GREATER than 120 kg (Single Response)

Administer within 1 hour of surgical incision

<input checked="" type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer within 1 hour of surgical incision Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> If Beta-Lactam Allergic: vancomycin + levofloxacin (LEVAQUIN) IV	"And" Linked Panel
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer within 1 hour of surgical incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer within 1 hour of surgical incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV - For Patients GREATER than 120 kg	"And" Linked Panel
<input type="checkbox"/> ceFAZolin (ANCEF) IV	3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer within 1 hour of surgical incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer within 1 hour of surgical incision. Reason for Therapy: Surgical Prophylaxis

PreOp Antibiotics: For Patients LESS than or EQUAL to 120 kg (Single Response)

Administer within 1 hour of surgical incision

<input checked="" type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer within 1 hour of surgical incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> If Beta-Lactam Allergic: vancomycin + levofloxacin (LEVAQUIN) IV	"And" Linked Panel
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer within 1 hour of surgical incision. Reason for Therapy: Surgical Prophylaxis

<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer within 1 hour of surgical incision. Reason for Therapy: Surgical Prophylaxis
--	---

() If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV - For Patients LESS than or EQUAL to 120 kg **"And" Linked Panel**

<input type="checkbox"/> ceFAZolin (ANCEF) IV	2 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer within 1 hour of surgical incision. Reason for Therapy: Surgical Prophylaxis
---	--

<input type="checkbox"/> vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer within 1 hour of surgical incision. Reason for Therapy: Surgical Prophylaxis
---	---

IntraOp Antibiotics: For Patients GREATER than 120 kg (Single Response)

Order from this section if case exceeds 4 hours then give intraoperative dose.

() ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, every 4 hours, Intra-op Reason for Therapy: Surgical Prophylaxis
---	---

() If MRSA Suspected - vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Intra-op Reason for Therapy: Surgical Prophylaxis
--	--

IntraOp Antibiotics: For Patients LESS than or EQUAL to 120 kg (Single Response)

Order from this section if case exceeds 4 hours then give intraoperative dose.

() ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, every 4 hours, Intra-op Reason for Therapy: Surgical Prophylaxis
--	---

() If MRSA Suspected - vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Intra-op Reason for Therapy: Surgical Prophylaxis
--	--

VTE

Labs

COVID-19 Qualitative PCR

<input type="checkbox"/> COVID-19 qualitative RT-PCR - Nasal Swab	STAT For 1 Occurrences Specimen Source: Nasal Swab Is this for pre-procedure or non-PUI assessment? Yes Pre-op
---	---

Laboratory

<input checked="" type="checkbox"/> CBC with platelet and differential	Once, Pre-op
<input checked="" type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input checked="" type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input checked="" type="checkbox"/> Partial thromboplastin time, activated	Once, Pre-op
<input checked="" type="checkbox"/> Hemoglobin A1c	Once, Pre-op
<input checked="" type="checkbox"/> Magnesium level	Once, Pre-op
<input checked="" type="checkbox"/> Lipid panel	Once, Pre-op
<input checked="" type="checkbox"/> Hepatic function panel	Once, Pre-op
<input checked="" type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Pre-op
<input type="checkbox"/> CBC hemogram	Once, Pre-op
<input type="checkbox"/> Electrolytes (Chem4)	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> Platelet function analysis	Once, Pre-op
<input type="checkbox"/> Platelet function P2Y12	Once, Pre-op

<input type="checkbox"/> Platelet mapping	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): Pre-op
<input type="checkbox"/> Thromboelastograph	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): Pre-op
<input type="checkbox"/> Thyroid stimulating hormone	Once, Pre-op
<input type="checkbox"/> Iron level	Once, Pre-op
<input type="checkbox"/> Ferritin level	Once, Pre-op
<input type="checkbox"/> Ionized calcium	Once, Pre-op
<input type="checkbox"/> Vitamin B12 level	Once, Pre-op
<input type="checkbox"/> hCG qualitative, serum screen	Once, Pre-op
<input type="checkbox"/> POC pregnancy, urine	Once, Pre-op
<input type="checkbox"/> MRSA PCR	Once, Nares, Pre-op
<input type="checkbox"/> Blood gas, arterial	Once For 1 Occurrences If indicated for heavy smoker, COPD, Pre-op

Laboratory

<input checked="" type="checkbox"/> CBC with platelet and differential	Once, Pre-op
<input checked="" type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input checked="" type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input checked="" type="checkbox"/> Partial thromboplastin time, activated	Once, Pre-op
<input checked="" type="checkbox"/> Hemoglobin A1c	Once, Pre-op
<input checked="" type="checkbox"/> Magnesium level	Once, Pre-op
<input checked="" type="checkbox"/> Lipid panel	Once, Pre-op
<input checked="" type="checkbox"/> Hepatic function panel	Once, Pre-op
<input checked="" type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Pre-op
<input type="checkbox"/> CBC hemogram	Once, Pre-op
<input type="checkbox"/> Electrolytes (Chem4)	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> Platelet function analysis	Once, Pre-op
<input type="checkbox"/> Platelet function P2Y12	Once, Pre-op
<input type="checkbox"/> Thromboelastograph	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): Pre-op
<input type="checkbox"/> Thyroid stimulating hormone	Once, Pre-op
<input type="checkbox"/> Iron level	Once, Pre-op
<input type="checkbox"/> Ferritin level	Once, Pre-op
<input type="checkbox"/> Ionized calcium	Once, Pre-op
<input type="checkbox"/> Vitamin B12 level	Once, Pre-op
<input type="checkbox"/> hCG qualitative, serum screen	Once, Pre-op
<input type="checkbox"/> POC pregnancy, urine	Once, Pre-op
<input type="checkbox"/> MRSA PCR	Once, Nares, Pre-op
<input type="checkbox"/> Blood gas, arterial	Once For 1 Occurrences If indicated for heavy smoker, COPD, Pre-op

IntraOp Labs

IntraOp Labs

<input checked="" type="checkbox"/> Acute kidney injury risk assessment, Nephrocheck	Once Intraoperative collection only, collect minimum of 10 mL fresh urine. Collect when applying the surgical dressing. Send to lab (Dunn 2) within 30 minutes of collection time. Exception: Do not collect on patient with preoperative dialysis, ESRD or when methylene blue is used (interferes with test results)., Intra-op
--	---

Cardiology

Cardiology

<input checked="" type="checkbox"/> ECG Pre/Post Op	Routine, Once For 1 Occurrences Clinical Indications: Pre-Op Clearance Interpreting Physician: Pre-op
<input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging, Starting S at 1:00 AM, Pre-op

Imaging

Diagnostic X-Ray

<input checked="" type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences, Pre-op
<input type="checkbox"/> Chest 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences, Pre-op

Diagnostic Ultrasound

<input type="checkbox"/> Us carotid duplex	Routine, 1 time imaging, Starting S For 1 Occurrences, Pre-op
<input type="checkbox"/> Us vein mapping lower extremity	Routine, 1 time imaging, Starting S For 1 Occurrences, Pre-op

Respiratory

Respiratory Therapy

<input checked="" type="checkbox"/> Incentive spirometry	Routine, Once Establish baseline. Please supply and instruct how to use incentive spirometer and instruct to practice 10 times every hour while awake before surgery., Pre-op
<input type="checkbox"/> Six minute walk w/ pulse oximetry	Routine, Once, Pre-op
<input type="checkbox"/> Spirometry pre & post w/ bronchodilator, diffusion, lung volumes (Full PFT)	Routine, Once, Pre-op
<input type="checkbox"/> Spirometry pre & post w/ bronchodilator (FEV 1 Only)	Routine, Once, Pre-op

Blood Products

Lab Draw

<input checked="" type="checkbox"/> Type and screen	
<input checked="" type="checkbox"/> Type and screen	Once, Pre-op
<input checked="" type="checkbox"/> ABO and Rh confirmation	Once, Blood Bank Confirmation

Blood Products

<input type="checkbox"/> Red Blood Cells	
<input type="checkbox"/> Prepare RBC	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/> Transfuse RBC	Routine Transfusion duration per unit (hrs): Pre-op

<input type="checkbox"/>	sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
<input type="checkbox"/> Platelets		
<input type="checkbox"/>	Prepare platelet pheresis	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/>	Transfuse platelet pheresis	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/>	sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
<input type="checkbox"/> Fresh Frozen Plasma		
<input type="checkbox"/>	Prepare fresh frozen plasma	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/>	Transfuse fresh frozen plasma	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/>	sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
<input type="checkbox"/> Cryoprecipitate		
<input type="checkbox"/>	Prepare cryoprecipitate	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/>	Transfuse cryoprecipitate	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/>	sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood

Consults

CV Coordinator Consult

<input checked="" type="checkbox"/>	Consult to CV Coordinator	Reason for consult: CABG/VALVE Surgery Pre-op
-------------------------------------	---------------------------	--

Additional Orders