

Do Not Use Abbreviations: U (for Unit), IU for International unit), Q.D., Q.O.D., Trailing Zero (X.0 mg) MS, MSO4 MgSO4

### CARDIAC SURGERY PRE-OPERATIVE ORDERS

- Status:**  Admit to Inpatient Status (I certify that inpatient services are needed)  
 Place Patient in Outpatient Status  
 Place Patient in Outpatient Status and begin Observation Services

**Admit to the service of:**

|                             |            |                  |
|-----------------------------|------------|------------------|
| PATIENT NAME (LAST):        | FIRST NAME | DATE OF BIRTH:   |
| DIAGNOSIS:                  |            | ANESTHESIA TYPE: |
| PROCEDURE CONSENT TO STATE: |            |                  |

|                           |            |                    |            |
|---------------------------|------------|--------------------|------------|
| DATE OF SURGERY/PROCEDURE | PHYSICIAN: | PRIMARY PHYSICIAN: | CPT CODES: |
|---------------------------|------------|--------------------|------------|

|  |
|--|
| <b>ALLERGIE(S)</b><br><b>Type of Reaction(s):</b><br><b>Patient Weight:</b> _____ kg |
|--|

**IV fluids:**

- Lactated Ringers @ 30 mL/hr on arrival to Preop  
 0.9% Sodium Chloride @ 30 mL/hr on arrival to Preop  
 \_\_\_\_\_

**Preop antibiotics:**

**For NEGATIVE MRSA/MSSA or POSITIVE MSSA surveillance swab results:**

- Cefazolin 1 gm IV for patient weight < 60 kg, infuse within 60 minutes prior to surgery  
 Cefazolin 2 gm IV for patient weight 60-120 kg, infuse within 60 minutes prior to surgery  
 Cefazolin 3 gm IV for patient weight > 120 kg, infuse within 60 minutes prior to surgery

**If beta-lactam allergy or penicillin allergy give:**

- Vancomycin 15mg/kg IV over 60 minutes, infuse within 60 minutes prior to incision **PLUS**  
 Gentamicin 5mg/kg IV over 60 minutes, infuse within 60 minutes prior to incision

**For POSITIVE OR UNKNOWN MRSA surveillance swab results:**

- Vancomycin 15mg/kg IV over 60 minutes, infuse within 60 minutes prior to incision **PLUS**

**(Choose only one of the following):**

- Cefazolin 1 gm IV for patient weight < 60 kg, infuse within 60 minutes prior to surgery  
 Cefazolin 2 gm IV for patient weight 60-120 kg, infuse within begin 60 minutes prior to surgery  
 Cefazolin 3 gm IV for patient weight > 120 kg, infuse within 60 minutes prior to surgery

**If beta-lactam allergy or penicillin allergy give:**

- Gentamicin 5mg/kg IV over 60 minutes, infuse within 60 minutes prior to incision

**If beta-lactam and vancomycin intolerant, give clindamycin instead of cefazolin or vancomycin:**

**\*\* If allergic to Vancomycin call Infectious disease physician for alternative**

**INSTRUCT PATIENT TO:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications to take day of procedure: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at: \_\_\_\_\_

JFK Medical Center, Atlantis, FL 33462  
PRE-OPERATIVE CARDIAC ORDERS



Patient Identification/Label

## CARDIAC SURGERY PRE-OPERATIVE ORDERS (Con't)

PATIENT NAME (LAST): \_\_\_\_\_

FIRST NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EKG Done at:     JFK     PCP

**Must Be Legible Copy**

Labs Done at:     JFK  
 Outside Testing

**Please use Anesthesia Guidelines to determine testing.**

- Hemoglobin A1C
- CBC     CBC With Differential
- Platelet Function Assay (cardiac)     PT, PTT & INR
- Chem 7     Chem 25
- Liver Profile     HIV Screening
- Direct Bilirubin     Pre-albumin
- Sickle Cell     BHCG < 55 yrs.
- Urinalysis     P2Y12
- Urine Culture & Sensitivity     BNP
- Type & Screen
- MRSA/MSSA Screening (swab both anterior nares with single swab)
- Type & Cross X \_\_\_\_\_ units
- Arterial Blood Gas on Room Air

Other Labs: \_\_\_\_\_

- Complete Pulmonary Function Test
- Record actual height and weight on chart
- Record BP in Right and Left Arms
- Anti Embolic Hose
- Sequential Compression Device(s)
- Incentive Spirometer
- Chlorhexidine Gluconate 2% bathe every 12 hours
- Give prescription for Mupirocin Ointment 2% to be applied nasally every 12 hours starting \_\_\_\_\_

**Obtain Pre Op Consult Reports:** Phone:  
 No     Yes Dr.:

**Cardiac:** Phone:  
 No     Yes Dr.:

**Other (Type):**                      Phone:  
 No     Yes Dr.:

**Other (Type):**                      Phone:  
 No     Yes Dr.:

Patient From Nursing Home/    Phone:  
 Extended Care Facility?  
 No     Yes Name: \_\_\_\_\_

NPO AFTER MIDNIGHT, DATE: \_\_\_\_\_

**RADIOLOGY TESTING:**

- Chest X-Ray**
  - JFK     Outside testing
- Bilateral upper extremity arterial ultrasound to measure diameter of radial and ulnar arteries
- Bilateral carotid ultrasound
- Bilateral venous image ultrasound to measure diameter of greater and lesser saphenous veins
- Bilateral venous imaging of lower extremities to rule out deep vein thrombosis (DVT)

**Obtain Test Results:**

- Cardiac Cath                       Echocardiogram
- Stress Test                       TAVR CT

OTHER: \_\_\_\_\_  
 DONE AT : \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|                                |  |
|--------------------------------|--|
| <b>PERSON COMPLETING FORM:</b> | NAME (PLEASE PRINT):<br><br>DATE:                      TIME:             |
| <b>PHYSICIAN'S SIGNATURE:</b>  | PHYSICIAN'S NAME (PLEASE PRINT):<br><br>DATE:                      TIME: |

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NPO AFTER MIDNIGHT, DATE:

**ENHANCED SURGICAL RECOVERY**

**Diet:**

- No solid food after midnight the night before the procedure unless otherwise instructed by anesthesia.
- May have clear liquids (NO RED COLOR OR DYE) up to arrival time at JFK or until 2 hours before scheduled surgery.
- If instructed to do bowel prep prior to surgery, no solid food starting at midnight 2 nights prior to surgery.
- INSTRUCT PATIENT TO DRINK pre-surgery drink:**
  - Drink 2 bottles evening prior to surgery and drink one bottle at least 2 hours prior to scheduled surgery time.
  - If patient is Diabetic**, substitute Gatorade Zero for pre-surgery drink and instruct to drink one 20 oz. bottle the evening prior to procedure and one-half bottle of Gatorade zero 2 hours prior to scheduled procedure.
- Instruct patient to shower/bathe with 2% chlorhexidine gluconate (CHG) shower soap the night before surgery and repeat the morning of surgery.
- Upon arrival to preop have patient wipe body down with 2% chlorhexidine gluconate (CHG) wipes.

**Medications:**

**A. To be given in pre-op day of procedure**

**B. Patient given prescription to take the medication prior to arrival for surgery**

Acetaminophen 975 mg PO x 1 dose

Acetaminophen 1gm IV x 1

Gabapentin (Neurotin) 600 mg PO x 1 preop

**Reminder: If age > 75, patient on dialysis, or <50kg weight, give:**

Gabapentin (Neurotin) 300 mg PO x 1 preop

Oxycodone SUSTAINED release (Oxycontin) 10 mg PO x 1

Oxycodone IMMEDIATE release (OxyIR) 10 mg PO x 1

Metoclopramide 10 mg IV x 1 dose

Other medication order: \_\_\_\_\_

Tramadol 50mg PO x 1

Dexamethasone 8mg x 1 (DO NOT ORDER IF DIABETIC)

**Venous Thromboembolism (VTE) Prophylaxis (MUST SELECT ONE)**

Enoxaparin (Lovenox) 40 mg Subcutaneous x 1 dose in preop

Heparin 5,000 units subcutaneous x 1 dose in preop

Calf-high Sequential Compression Device to be placed in preop

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at: \_\_\_\_\_

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