

PHYSICIAN'S ORDERS

SUMMARY OF AUTOMATIC STOP ORDERS

MEDICATION ORDERS NOT STATING THE NUMBER OF DAYS OR DOSES WILL BE SUBJECT TO THE FOLLOWING AUTOMATIC STOPS:

	ACUTE	RESIDENTIAL
ORAL ANTIBIOTICS	7 DAYS	7 DAYS
INJECTABLE ANTIBIOTICS	3 DAYS	3 DAYS
NARCOTICS/CONTROLLED DRUGS	7 DAYS	365 DAYS
ORAL / IV ANTICOAGULANTS	7 DAYS	10 YEARS
SC ANTICOAGULANTS	28 DAYS	28 DAYS
NEBULIZED MEDICATIONS	7 DAYS	10 YEARS
ALL OTHER MEDICATIONS	10 YEARS	10 YEARS

IF MEDICATIONS ARE NEEDED FOR DURATION OF HOSPITAL STAY INDICATE THIS DURATION AS:

F.D.H.S.(ACUTE CARE ONLY)

NO DRUG WILL BE DISPENSED OR ADMINISTERED WITHOUT A COMPLETED DRUG CONTRAINDICATION FORM

DATE & TIME	NOTED BY	ORDERS DRUG - DOSE - ROUTE - FREQUENCY - DURATION - IV RATE SPH ONLY: FOR ANTIBIOTICS USE "ANTIBIOTIC ORDER" FORM	PHYSICIAN'S SIGNATURE
POST - OP HEART TRANSPLANT ORDERS (Page 1 of 3)			
Main Physician Responsible: _____			
PLEASE COMPLETE ALLERGY HISTORY			
IV D5W WITH 40mEq/L KCl, 20mmol/L MgSO ₄ at 50ml/hr. Minimize IV diluents.			
Daily CBC and diff, plt, PT/PTT/INR, lytes, Mg, glucose, BUN, Cr, AST, ALT, LDH			
<input type="checkbox"/> Cyclosporine C2 (2 hours post-dose) levels Mon, Wed, Fri when drug commenced			
<input type="checkbox"/> Tacrolimus levels (trough) Mon, Wed and Fri if drug commenced			
KCL 20mEq/100mL SWFI IV over 1 hour prn K ⁺ < 4.0			
DATE & TIME		MgSO ₄ 2g/100mL D5W IV over 30 min Mg < 1.0	
		Morphine 0-5mg IV/hr infusion and 1-5mg IV prn	
		Propofol 0-50 mcg/kg/min IV infusion	
		Meperidine 10 - 20mg IV prn x 2 for shivering	
		Midazolam 0.5 - 2mg IV prn	
		Metoclopramide 10mg IV/po q6h prn	
		Ondansetron 1 mg IV over 15 min q8h prn if nausea unrelieved by metoclopramide	
		If already infusing: <input type="checkbox"/> Norepinephrine 0 - 10mcg/min	
		<input type="checkbox"/> Phenylephrine 0 - 200mcg/min	
		<input type="checkbox"/> Dobutamine 0 - 20mcg/kg/min	
DATE & TIME		Nitroprusside 0 -3mcg/kg/min	
		Dopamine 0 - 6mcg/kg/min	
		Epinephrine 0 -10mcg/min, avoid or wean off as soon as possible	
		Lidocaine 1mg/kg IV bolus, then 1-4 mg/min IV for NSVT > 10 beats	
		Pancuronium 1 - 4mg IV prn	
		Ranitidine 50mg IV q ____ h	
		Heparin 5,000 Units sc q ____ h to start POD#1	
Physician's Signature: _____			

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POST - OP HEART TRANSPLANT ORDERS (Page 2 of 3)			
Items must be ticked to be ordered			
		Right heart protocol maintain CVP <12 and C.I. > 2.2, SvO ₂ > 60%, MAP 60 - 70	
		Milrinone 0 - 0.75mcg/kg/min	
		Isoproterenol 0 - 10mcg/min to maintain HR >90	
		Nitroglycerin 0 - 200mcg/min	
		Nitric Oxide 0 - 40ppm	
		Ventilate to maintain pH > 7.35, SaO ₂ >92%	
		Immunosuppression:	
DATE & TIME		<input type="checkbox"/> Basiliximab 20mg IV Day 0 and Day 4	
		<input type="checkbox"/> Mycophenolate mofetil 1g po/ng q12h (notify Tx physician if platelets <100)	
		Methylprednisolone 125mg IV q8h x 3 doses then change to	
		Prednisone (0.5mg/kg/day) _____ mg po/ng daily for 1 day then taper by 5mg/day to	
		20mg po daily	
		<input type="checkbox"/> Other Immunosuppression: _____	
		<input type="checkbox"/> Other Immunosuppression: _____	
		Antibiotic: (until central lines out):	
		<input type="checkbox"/> Cefazolin 1g IV q8h	
DATE & TIME		<input type="checkbox"/> If Penicillin allergic, Clindamycin 600mg IV q8h	
		CMV Status: Donor _____ Recipient _____	
		<input type="checkbox"/> If Donor CMV Negative and Recipient CMV Negative will need:	
		CMV Negative blood products	
		<input type="checkbox"/> If Donor CMV Positive and Recipient CMV Negative will need:	
		Valganciclovir _____mg po daily when tolerating oral intake.	
		Pharmacist to assess dosing if renal dysfunction present	
		Physician's Signature: _____	

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POST - OP HEART TRANSPLANT ORDERS (Page 3 of 3)			
Items must be ticked to be ordered			
Pain Control while Intubated:			
		Acetaminophen 650mg supp pr Q6H (max 4grams in 24 hours)	
		Morphine 1-5mg/hr IV infusion	
		Morphine 1-5mg IV prn breakthrough pain	
		Warming blanket for T < 35.5° C	
		CXR daily while in CSICU	
		Temporary pacemaker as per anesthetic record and pacemaker protocol	
		Insulin Protocol – please use standard Insulin infusion orders (form PH211)	
When extubated:			
		IV TKVO, start clear fluids and progress to diet as tolerated, 1500mL fluid restriction	
		Furosemide 5 - 30mg IV prn or 5 - 20mg/hr infusion to keep U/O > _____ mL/hr.	
DATE & TIME		Lorazepam 0.5 - 2mg SL q1h prn	
		Nystatin 100,000 units (1ml) swish and swallow QID	
		Cotrimoxazole SS one tablet po daily	
		Acetaminophen 650mg po/ng QID (NB do not exceed 2600mg in 24 hours) until	
		POD 5 then QID prn	
		Hydromorphone 1-2mg po q2-4h prn	
		Zopiclone 3.75mg-7.5mg po qhs prn (may repeat dose x 1)	
		Bowel Protocol	
Physician's Signature: _____			
DATE & TIME			