

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 DAY _____ (Page 1 of 2)			
Items must be ticked to be ordered.			
Transfer to _____			
Discontinue all previous medication and treatment orders			
Bloodwork Mondays, Wednesdays, and Fridays:			
CBC + diff, lytes, BUN, Cr, glucose (fasting)			
<input type="checkbox"/> Cyclosporine C2 blood levels (two hours post-dose)			
<input type="checkbox"/> _____trough levels			
Bloodwork Mondays only:			
DATE & TIME		Bili - total + direct, AST, ALT, GGT, LDH, CK, total protein, albumin	
		<input type="checkbox"/> CMV antigens at 1 week post-transplant then with every biopsy (unless CMV Neg/Neg)	
		<input type="checkbox"/> Mycophenolate trough level (MPA level) at 2 weeks post-transplant	
		Book cardiac biopsy for _____	
		<input type="checkbox"/> Telemetry – discontinue when in NSR for 24 hours	
		Saline lock - can be removed when off telemetry + no other IV therapy	
		Oxygen therapy - titrate to maintain Oxygen Saturation > 92%	
		Dietitian to see Diet: <input type="checkbox"/> Healthy Heart Diet <input type="checkbox"/> Diabetic	
		Fluids: _____mL/day Daily weight	
DATE & TIME		CXR on Mondays <input type="checkbox"/> Echo	
		Leave pacing wires in until Day 4 post-op – notify CVT to remove	
		CMV Status: Donor_____ Recipient_____	
		<input type="checkbox"/> If Donor CMV Neg and Recipient CMV Neg will need CMV Neg blood products	
		<input type="checkbox"/> If Donor CMV Pos and Recipient CMV Neg will need:	
		Valganciclovir _____mg po daily when tolerating oral intake	
		Pharmacist to assess dosing if renal dysfunction present	
Physician's Signature: _____			

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 DAY (Page 2 of 2)			
Items must be ticked to be ordered.			
		<input type="checkbox"/> Cyclosporine (3mg/kg/bid) _____mg po bid at 0700 and 1900 daily	
		<input type="checkbox"/> Tacrolimus (0.075mg/kg/bid) _____mg po bid	
		Prednisone _____mg po/ng today, then taper by 5mg/day until 20mg po daily	
		<input type="checkbox"/> Mycophenolate mofetil _____g po bid 0900 and 2100	
		<input type="checkbox"/> Basiliximab 20mg IV on day 4 post-operatively (day 0 and day 4)	
		<input type="checkbox"/> Other immunosuppressant: _____	
		<input type="checkbox"/> Furosemide _____mg _____ x _____days	
DATE & TIME		<input type="checkbox"/> Amlodipine __mg po daily	
		Ranitidine 150mg po bid	
		Pravastatin 20mg po daily	
		Multivitamin 1 tab po daily	
		Calcium carbonate 2,500mg po qam and 1250mg po qpm	
		Vitamin D 400 units po daily	
		Nystatin 100,000 units 1ml swish and swallow qid until discharged	
		Cotrimoxazole SS one tablet po daily	
		<input type="checkbox"/> ECASA 81mg po daily (if coag profile normal)	
DATE & TIME		Acetaminophen 650mg po QID until POD 5 then QID prn (NB do not exceed 2600mg/24hr)	
		Hydromorphone 1-2 mg po q2-4h prn	
		Zopiclone 3.75mg - 7.5 mg po qhs prn (may repeat dose x1)	
		Bowel Protocol	
		Metoclopramide 10mg po/IV q6h prn	
		Physician's Signature: _____	