



**PRESCRIBER'S ORDERS**

**UNSAFE ABBREVIATIONS**

Unsafe Abbreviation/Practice:	Use Instead:
"OD" or "QD"	Write out "daily"
"QOD"	Write out "every other day"
"U" or "Ū" or "IU"	Write out "units"
Abbreviated drug names	Write out name in full
Lack of leading zero e.g. .25 mg	Use leading zero e.g. 0.25 mg
Trailing zero e.g. 5.0 mg	Avoid trailing zero e.g. 5 mg

Orders containing these abbreviations may be delayed until clarified with the prescriber

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

DATE AND TIME

**HEART TRANSPLANT POST OP ORDERS**

(see corresponding Medication Administration Record PH261-MA)

(Items with check boxes must be selected to be ordered)

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**ADMISSION INSTRUCTIONS:**

Main physician responsible: \_\_\_\_\_

CMV status: Donor \_\_\_\_\_ Recipient \_\_\_\_\_

**CODE STATUS:** Full code

**DIET:** Once extubated, start clear fluids and progress to Healthy Heart Diet as tolerated  
1500 mL fluid restriction

**ACTIVITY:** Bedrest while intubated  
Once extubated initiate progressive mobilization

**CONSULTS:** Dietitian  
If diabetic, Endocrine consult

**LABORATORY:** Daily CBC and diff, PT/PTT/INR, electrolytes, Mg, glucose, Urea, Cr, AST, ALT, LDH  
 cyclosporine C2 (2 hours post-dose) levels Mon, Wed, Fri when drug commenced  
 tacrolimus levels (trough) Mon, Wed and Fri if drug commenced

**DIAGNOSTICS:** Chest x-ray daily while in CSICU

**TREATMENTS:** Ventilate to maintain pH above 7.35 and SaO<sub>2</sub> above 92 %  
Warming blanket for temperature below 35.5°C  
Temporary pacemaker as per anesthetic record and pacemaker protocol  
 If Donor CMV **negative** and Recipient CMV **negative** will need CMV Negative blood products

**INTRAVENOUS:** dextrose 5% and sodium chloride 0.9% with potassium chloride 40 mEq/L and magnesium sulfate 20 mmol/L IV at 50 mL/hour; minimize IV diluent volumes

\_\_\_\_\_  
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**MEDICATIONS:** Discontinue all previous medication orders

**Immunosuppression:**

- basiliximab 20 mg IV Day 0 (date) \_\_\_\_\_ and Day 4 (date) \_\_\_\_\_
- mycophenolate mofetil 1 g PO or NG Q12H (notify physician if platelets below 100 G/L)
- methylPREDNISolone 125 mg IV Q8H x 3 doses then change to  
 predniSONE (0.5 mg/kg/day rounded to the nearest 5 mg) \_\_\_\_\_ mg PO or NG for 1 day; then  
 taper by 5 mg/day to 20 mg PO daily
- Other Immunosuppression:

**Antiemetics:** If an agent is effective, continue that agent at the specified dose and frequency.

If an agent is NOT effective within 30 to 60 minutes, give a different agent.

Notify physician if nausea/vomiting persist despite trial of all anti-emetics selected.

ondansetron 1 to 4 mg IV or PO Q8H PRN; give 4 mg for nausea with emesis or retching;  
 give 1 mg for nausea with no emesis or retching. Inform physician if headache occurs

metoclopramide 10 to 20 mg IV or PO Q6H PRN

dimenhyDRINATE 25 to 50 mg IV or PO Q6H PRN

proCHLORperazine 5 to 10 mg IV or PO Q6H PRN

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**MEDICATIONS continued:**

**Other:** Infuse the following to maintain CI above \_\_\_\_\_, SBP 90 to 120 mm Hg and HR \_\_\_\_\_ BPM

nitroprusside 0.3 to 3 mcg/kg/min IV PRN

DOPamine 1 to 20 mcg/kg/min IV PRN

EPInephrine 0.5 to 10 mcg/min IV PRN; avoid or wean as soon as possible

lidocaine 1 mg/kg IV bolus, then 1 to 4 mg/min IV for NSVT more than 10 beats

If infusing from the operating room, continue the following:

DOBUTamine 1 to 20 mcg/kg/min IV PRN

PHENYLephrine 10 to 200 mcg/min IV PRN

NORepinephrine 0.5 to 10 mcg/min IV PRN

ranitidine 50 mg IV Q \_\_\_\_ H

heparin 5000 units subcutaneously Q \_\_\_\_ H to start POD#1

ceFAZolin 1 g IV Q8H

If penicillin allergic, clindamycin 600 mg IV Q8H

If Donor CMV **positive** and Recipient CMV **negative**:

valGANciclovir \_\_\_\_\_mg PO daily when tolerating oral intake

Pharmacist to assess dosing if renal dysfunction present

furosemide 5 to 30 mg IV PRN or 5 to 20 mg/hour IV infusion to keep urine output above \_\_\_\_\_ mL/hour

potassium chloride 20 mEq in sterile water 50 mL IV over 1 hour PRN K<sup>+</sup> less than 4 mmol/L

magnesium sulfate 2 g in D5W 50 mL IV over 30 min PRN Mg<sup>++</sup> less than 1 mmol/L

insulin regular human as per completed INSULIN INFUSION PROTOCOL(CSICU) (form PH211)

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**MEDICATIONS continued:**

**While Intubated:** morphine 1 to 5 mg/hour IV infusion PRN and 1 to 5 mg IV bolus PRN breakthrough pain  
 proPOFol 5 to 50 mcg/kg/min IV infusion PRN  
 meperidine 10 to 20 mg IV PRN x 2 doses for shivering  
 midazolam 0.5 to 2 mg IV PRN  
 pancuronium 1 to 4 mg IV PRN  
 acetaminophen 650 mg supp rectally Q6H; do not exceed 2.6 g in 24 hours from all sources  
 Right heart protocol to maintain CVP below 12, CI above 2.2, SvO<sub>2</sub> above 60% and MAP 60 – 70:  
 milrinone 0.25 to 0.75 mcg/kg/min IV PRN  
 isoproterenol 1 to 10 mcg/min IV PRN to maintain HR above 90 BPM  
 nitroglycerin 5 to 200 mcg/min IV PRN  
 nitric oxide 0 to 40 ppm

**When Extubated:** lorazepam 0.5 to 2 mg sublingual Q1H PRN  
 nystatin 100,000 units (1 mL) PO swish and swallow QID  
 cotrimoxazole single strength one tablet PO daily  
 acetaminophen 650 mg PO or NG QID until POD 5; do not exceed 2.6 g in 24 hours from all sources  
 HYDRomorphone 1 to 2 mg PO Q2 to 4H PRN  
 zopiclone 3.75 to 7.5 mg PO QHS PRN (may repeat dose x 1)  
 Bowel Protocol:  
 POD2: docusate 200 mg PO BID until off narcotics & mobile  
 POD3: if no BM by POD3 give senna glycosides 17.2 mg PO HS  
 POD4: if no BM by POD4 give bisacodyl supp 10 mg rectal in am, then senna glycosides 25.8 mg PO HS  
 POD5: if no BM by POD5 or poor results give lactulose (667 mg/mL) 30 mL PO HS  
 POD6: if no BM by POD6, notify prescriber

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