



**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 TRANSFER ORDERS**

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

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**TRANSFER INSTRUCTIONS:** Day \_\_\_\_\_ post-transplant

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

Discontinue all previous treatment and medication orders

**CODE STATUS:** Full code

**DIET:**  Healthy Heart Diet  Other:

Diabetic

Fluids: \_\_\_\_\_ mL/day

**ACTIVITY:**  Increase mobilization; aim for 10 laps of 5AB by day \_\_\_\_\_

**CONSULTS:** Dietitian  
Physiotherapy  
Pharmacy re: self-medication

**MONITORING:** Daily weight  
 Telemetry – discontinue when in NSR for 24 hours

**LABORATORY:**  CMV antigenemia at 1 week post-transplant then with every biopsy (unless CMV Neg/Neg)  
 mycophenolate trough level (MPA level) at 2 weeks post-transplant

Mondays, Wednesdays and Fridays:

CBC + diff, electrolytes, BUN, Cr, glucose (fasting)

cyclosporine C2 level (two hours post-dose)

\_\_\_\_\_ trough levels

Mondays only:

Bili - total + direct, AST, ALT, GGT, LDH, CK, total protein, albumin

**DIAGNOSTICS:** Book cardiac biopsy for: \_\_\_\_\_

Chest x-ray on Mondays

Echocardiogram at 1 week post operatively

**TREATMENTS:** Oxygen therapy - titrate to maintain Oxygen Saturation above 92%

Remove pacing wires day 4 post operatively if NSR for over 24 hours

If Donor CMV **negative** and Recipient CMV **negative** will need CMV Negative blood products

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

College ID \_\_\_\_\_

Pager \_\_\_\_\_



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**INTRAVENOUS:** Saline lock; remove when off telemetry and IV therapy

**MEDICATIONS:**  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

cycloSPORINE (3 mg/kg) \_\_\_\_\_ mg PO BID at 07:00 and 19:00

tacrolimus (0.075 mg/kg) \_\_\_\_\_ mg PO BID

predniSONE \_\_\_\_\_ mg PO or NG today; taper by 5 mg/day to 20 mg PO daily

mycophenolate \_\_\_\_\_g PO BID

basiliximab 20 mg IV on post-op day 4 (date): \_\_\_\_\_

Other immunosuppressant: \_\_\_\_\_

furosemide \_\_\_\_\_ mg PO or \_\_\_\_\_ mg IV (frequency) \_\_\_\_\_ x \_\_\_\_\_ days

amlodipine \_\_\_\_\_mg PO daily

ranitidine 150 mg PO BID

pravastatin 20 mg PO daily

Multivitamin 1 tablet PO daily

calcium carbonate 2500 mg PO QAM and 1250 mg PO QPM

vitamin D 400 units PO daily

nystatin 100,000 units (1 mL) PO swish and swallow QID until discharged

cotrimoxazole single strength one tablet PO daily

ASA enteric coated 81 mg PO daily (if coag profile normal)

acetaminophen 650 mg PO QID until POD5 then QID PRN; do not exceed 2.6 g per 24 hours from all sources

HYDROmorphine 1 to 2 mg PO Q2 to 4H PRN

metoclopramide 10 mg PO or IV Q6H PRN

zopiclone 3.75 to 7.5 mg PO HS PRN (may repeat dose x1)

**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 (66.7%) 30 mL PO HS

POD6: if no BM by POD6, notify prescriber

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

College ID \_\_\_\_\_

Pager \_\_\_\_\_