



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 ADMISSION ORDERS

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

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CMV STATUS: Donor _____ Recipient _____

CODE STATUS: Full code

DIET: PO medications with sips of water
NPO 8 hours before scheduled OR time

MONITORING: If diabetic, monitor capillary blood glucose Q4H while NPO;
notify physician if less than 4 or greater than 10 mmol/L
Record Height and Weight on graphic record
Call surgeon on call if INR is greater 1.8
Telemetry Class I

LABORATORY: STAT:

PT, PTT, INR, CBC + diff, reticulocyte count, lytes, Urea, Cr, Ca, Mg, PO4
Random glucose, Bili - total + direct, AST, ALT, Alk Phos, GGT, LDH, total protein, albumin, amylase
ABO group and cross match 6 units RBC, 5 units Fresh Frozen Plasma (specify CMV status of **recipient** on forms) HLA and cytotoxic antibody screen (x1 red top, x1 ACD Yellow top and x1-7 mL EDTA purple top – send to VH immunology)
 CMV negative blood products (if CMV negative recipient and donor)
Urinalysis, urine culture

DIAGNOSTICS: PA and lateral chest x-ray STAT

TREATMENTS: Chlorhexidine shower

INTRAVENOUS: Insert saline lock if no IV

MEDICATIONS: discontinue IV heparin if infusing
 Hold oral hypoglycemic and insulin on the day of surgery
vitamin K 10 mg PO STAT
mycophenolate mofetil 1 g PO STAT
lorazepam 1 to 2 mg sublingual Q1H PRN (ensure consent for surgery signed prior to commencing)
ranitidine 150 mg PO 2 hours pre-op

Printed Name _____

Signature _____

College ID _____

Pager _____



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In Operating Room:

- ceFAZolin 2 g IV
- If penicillin allergic, clindamycin 600 mg IV
- methylPREDNISolone 500 mg IV on induction of anesthesia,
- repeat methylPREDNISolone 500 mg IV at reperfusion
- Administer Fresh Frozen Plasma as directed by surgeon

IF SURGERY CANCELLED:

- Before discharging patient ensure:
 - implantable defibrillator has been reactivated
 - anticoagulation recommenced
- Other pre-admission medications resumed
- Follow-up arranged with Family Physician

Printed Name _____

Signature _____

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