ALL orders are active unless: 1. Order is manually lined through to inactivate  2. Orders with check boxes ( ) are unchecked

DRUG AND TREATMENT ORDERS
CVSURG Cardiac Surgery Patient Education

Available at: ALL Facilities

PACE Phase
Nursing Orders
☐ Patient Education
Surgical procedure; pre-op meds; skin prep with chlorhexidine; postoperative pain management including use of pain scale; use of incentive spirometer; hand hygiene; need for scale and thermometer at home after discharge.

Preoperative Phase
Nursing Orders
☐ Patient Education
Surgical procedure; pre-op meds; skin prep with chlorhexidine; postoperative pain management including use of pain scale; use of incentive spirometer; hand hygiene; need for scale and thermometer at home after discharge.
☐ Patient Education
Provide opportunity for viewing of Heart Surgery pre-op DVD.
☐ Patient Education
Offer tour of CVICU
☐ Plan Progression Orderable
Once patient arrives from CVOR, initiate Day of Surgery phase and discontinue Preoperative Phase.

Day of Surgery Phase
Nursing Orders
☐ Patient Education
Family: orient to ICU environment, equipment and visiting policy; answer questions regarding patient's condition.
☐ Patient Education
After extubation, instruct patient in use of incentive spirometer and use of pillow for splinting.
☐ Plan Progression Orderable
Once extubated, initiate Phase 1 and discontinue Day of Surgery Phase.

Phase 1
Nursing Orders
☐ Patient Education
Review BHU-Cardiovascular Surgery Krames material and Recovering from Heart Surgery guidebook with patient and caregivers.
☐ Patient Education
Use of pain scale and postop pain management; sternal precautions; fluid restrictions; use of incentive spirometer, deep breathing and coughing, splinting; hand hygiene; ambulation.
☐ Patient Education
Verify that patient has scale and thermometer available after discharge.
☐ Plan Progression Orderable
Once all education in Phase 1 has been completed, initiate Phase 2 and discontinue Phase 1.

Phase 2
Nursing Orders
☐ Patient Education
Provide opportunity to view DVD - Heart Surgery: First Days of Recovery.

PHYSICIAN SIGNATURE ________________________________ DATE ________ TIME ________

DRUG ALLERGIES
WT: _______ KG __________

A pharmaceutical equivalent or pharmaceutical alternative may be substituted. Therapeutic alternatives may be substituted as determined by the Pharmacy and Therapeutics Committee.

ORDERS
VER:1 REV:06/13/15
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**DRUG AND TREATMENT ORDERS**

**CVSURG Cardiac Surgery Patient Education**

- **Patient Education**
  - Reinforce fluid restriction, sternal precautions, use of incentive spirometer, pain management, ambulation and hand hygiene. Review information in Heart Surgery Guidebook.

- **Patient Education**
  - Discuss activity restrictions, weight limits and rest periods; incision care including signs of infection and showering. Daily self monitoring including daily weights, temperature and pulse; how to take pulse; when to call physician.

- **Patient Education**
  - Discuss medications, purpose, dose and side effects. If patient started on warfarin, consult Pharmacy and Dietician for warfarin education.

- **Plan Progression Orderable**
  - Once all education in Phase 2 has been completed, initiate Phase 3 and discontinue Phase 2.

**Phase 3**

**Nursing Orders**

- **Patient Education**
  - Provide opportunity to view DVD - Heart Surgery: Preparing for Discharge

- **Patient Education**

- **Patient Education**
  - Discuss discharge medications (beta blocker, ASA, statin, ACE-I, diuretics, antidysrhythmics) including purpose, frequency and side effects. If patient started on warfarin, consult Pharmacy and Dietician for warfarin education.

- **Plan Progression Orderable**
  - Once all education in Phase 3 has been completed, initiate Phase 4 and discontinue Phase 3.

**Phase 4**

**Nursing Orders**

- **Patient Education**
- **Patient Education**
  - Review discharge meds including purpose, frequency and side effects. If patient started on warfarin, consult Pharmacy and Dietician for warfarin education.

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**PHYSICIAN SIGNATURE ________________________________ DATE __________ TIME ________**

**DRUG ALLERGIES**

WT: ________ KG: ________

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