



AUTHORIZATION IS GRANTED TO DISPENSE AND ADMINISTER AN ALTERNATE DRUG PRODUCT ACCEPTABLE TO THE MEDICAL STAFF'S PHARMACY COMMITTEE UNLESS THE DRUG PRODUCT IS SPECIFICALLY CIRCLED.

1. Admit to Cardiothoracic Surgery, Drs. Stirling / Drake / Smith
2. Diagnosis: _____
3. Condition: _____
4. Allergies/Sensitivities (include types of reactions) _____
5. Diet: NPO
6. Activity: Up ad lib.
7. Vital Signs upon arrival.
8. Notify MD/PA if:
 - Temp greater than 38 C (100.4 F)
 - Systolic BP less than 90 or greater than 180 mmHg
 - Pulse less than 50 or greater than 160 BPM
 - Respiratory rate greater than 28 or distress
9. Weigh patient and record pre-operatively.
10. Lab Work: _____

11. Tests: _____

12. Send Pt's spirometer to A2 with patient's family.
13. Medications: _____

14. Void on call to OR.
15. Cefuroxime 1.5 gms IV Push preoperatively (begin within 60 minutes prior to surgery). If PCN allergy, then Vancomycin 1 gram IVPB with gentamicin 1.5 mg / kg IVPB (maximum 120 mg) preoperatively (begin within 120 minutes prior to surgery). Send dose to OR taped to chart.
16. Hydrocortisone 100 mg IV Push on call to OR.
17. Anesthesia to initiate IV Insulin protocol.
18. Obtain old medical records and send to OR with patient.

The physician's full signature, date & time is to follow the order-
Abbreviations for names are not acceptable.

Signature

Date

Time

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 PATIENT ID LABEL
 HERE
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**ADMISSION CARDIOTHORACIC SAME-DAY
SURGERY ORDERS**