IF YOU RECEIVED THIS FAX IN ERROR, PLEASE CALL 604-806-8886 IMMEDIATELY

Providence HEALTH CARE

PRESCRIBER'S ORDERS

NO DRUG WILL BE DISPENSED OR ADMINISTERED WITHOUT A COMPLETED

CAUTION SHEET

ALLERGY/INTOLERANCE STATUS FORM (PHC-PH047)

DATE AND TIME

CARDIAC SURGERY PRE-OPERATIVE ORDERS

[see corresponding Medication Administration Record PH255-MA (R. Feb 21-17)]

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

MOST RESPONSIBLE CARDIAC SURGEON: Dr. _____

ADMISSION INSTRUCTIONS:

Cardiac Surgery Clinical Pathway Ejection Fraction: _____%

Estimated Length of Stay: CSICU: _____ days Total: _____ days

Scheduled Surgery: Date: _____ Time: _____

Old Charts

CODE STATUS: Full code or ☐ refer to completed Options for Care and Resuscitation / DNAR Orders (PHC-PH254)

DIET:

☐ Healthy Heart ☐ Diabetic

☐ Fluid restriction (all patients with heart failure; EF less than 40%) _____ L/day

☐ if AM case: NPO after 24:00 ☐ if PM case: NPO after 05:00

ACTIVITY: Activity as tolerated

chlorhexidine shower and wipes evening pre-op, wipes morning of surgery

CONSULTS:

Psychiatry as per criteria on back of this page Monday-Friday 0900-1700 pager # 34391

Addiction Consult Team as per criteria on back of this page

Other: _____

MONITORING:

Height on admission

Daily weights

☐ No telemetry

☐ Telemetry: may suspend for shower/transport off unit (Class II)

☐ Telemetry; monitor **at all times**, including transport off unit (requires nursing escort) (Class I)

LABORATORY:

Renal profile, CBC and diff, PTT, INR, albumin, HB A1C and urinalysis on admission to PAC/Ward (unless done and available within 48 hours of admission)

☐ ALT, AST, LDH, GGT, ALK phos, total bilirubin on admission to PAC/Ward (unless done and available within 48 hours of admission)

☐ HIV - Done only with patient permission. Documentation to be completed by physician

Type and screen. Cross match 2 units RBC

If patient is diabetic, capillary blood glucose checks QID

DIAGNOSTICS:

PA and left lateral Chest X-ray (not necessary if done and available within 48 hours for inter-hospital transfers or within 6 weeks for elective patients)

☐ Echocardiogram (physician to complete requisition EK009)

☐ Carotid doppler studies (physician to complete requisition)

12-lead ECG (unless done and available within 48 hours of admission)

Printed Name	Signature	College ID	Pager

ALL NEW ORDERS MUST BE FLAGGED

FAX COMPLETED ORDERS TO PHARMACY **PLACE ORIGINAL IN PATIENT'S CHART**

PSYCHIATRY CONSULT CRITERIA

1) Past history of **delirium**
2) Active psychiatric illness (including depression)
3) Dementia and/or other neurological illness
4) Patient is on 2 or more psychiatric medications
5) Reported history of current excessive alcohol intake or if answered YES to ANY questions on the CAGE questionnaire in the Nursing Admission Assessment
6) History of CNS event

ADDICTION CONSULT TEAM REFERRAL CRITERIA

1) Patients scheduled for **valve surgery** who report a history (past or present) of; Illicit drug use, prescribed drug use or alcohol use that is negatively affecting health, patients currently on a methadone program and complex addictions and addiction-related pain

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MEDICATIONS:

Discontinue ASA ☐ day or surgery ✱**OR**✱ ☐ 3 days pre-op

Discontinue P2Y12 Inhibitors (e.g. clopidogrel, prasugrel or ticagrelor) Specify: _____

☐ 48 hours pre-op ✱**OR**✱ ☐ 7 days pre-op

Discontinue warfarin 5 days pre-op

If INR is equal to or above 1.3, give Vitamin K 1mg PO once 24h pre-op. Repeat INR in AM or STAT INR in Surgical Day Care

Discontinue dabigatran

☐ 3 days pre-op (for CrCl greater than 50 mL/min)
☐ 5 days pre-op (for CrCl 30 to 50 mL/min)
☐ 7 days pre-op (for CrCl less than 30 mL/min)

Discontinue Factor Xa Inhibitor (e.g. rivaroxaban or apixaban) Specify: _____

☐ 48 hours pre-op ✱**OR**✱ ☐ 72 hours pre-op

Discontinue low molecular weight heparin Specify: _____

☐ 24 hours pre-op (e.g. enoxaparin) ✱**OR**✱ ☐ 36 hours pre-op (e.g. dalteparin)

Discontinue IV heparin on call to OR

Discontinue ACE inhibitors / ARB (e.g. ramipril, candesartan) 48 hours pre-op

Specify: _____

Beta blocker (specify) _____ _____ mg PO morning of surgery

Calcium channel blocker (specify) _____ _____ mg PO morning of surgery

Discontinue diuretics morning of surgery (e.g. furosemide, hydrochlorothiazide, metolazone)

Specify: _____

Discontinue oral hypoglycemics (e.g. glyburide, metformin) and insulin on day of surgery

Specify: _____

mupirocin 2% ointment – apply to both nares BID x 48 hours pre-op

chlorhexidine gluconate 0.12% oral rinse 15 mL swish for 30 seconds and spit QID x 48 hours pre-op

ranitidine 150 mg PO 2 hours pre-op

Thromboprophylaxis: as per completed VTE Risk Assessment and Prophylaxis Orders (Form PHC-PH408)

Anti-infectives:

Antibiotic infusion must be completed within 60 minutes before skin incision.
Patients known to be colonized with MRSA should receive both ceFAZolin and vancomycin.
For penicillin allergic patients, refer to PHC Penicillin Allergy Guidelines on reverse to determine if ceFAZolin can be safely administered.

☐ weight below 80 kg: ceFAZolin 1 g IV on induction and Q4H throughout surgery
☐ weight 80 to 120 kg: ceFAZolin 2 g IV on induction and Q4H throughout surgery
☐ weight above 120 kg: ceFAZolin 3 g IV on induction and Q4H throughout surgery

Penicillin allergic and/or known MRSA colonization:

☐ weight below 80 kg: vancomycin 1 g in 250 mL IV over 60 minutes pre-op via infusion pump
☐ weight above 80 kg: vancomycin 1.5 g in 500 mL IV over 90 minutes pre-op via infusion pump

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Form No. PH255 (R. Feb 21-17)

Suspected Penicillin Allergy in Patients Undergoing Surgery

This algorithm is meant to help surgeons, anesthesiologists, nurses, and pharmacists clarify reported penicillin allergy in the context of peri-operative antibiotic prophylaxis.

KEY MESSAGES

- Cephalosporins may be prescribed to patients with reported penicillin allergy if physicians use the clinical decision support algorithm below.
- If the reaction to penicillin occurred more than 10 years ago, the likelihood of a reaction to cephalosporin is low due to diminished IgE levels.[1]
- Only 10% of all patients who report a penicillin allergy are diagnosed as skin-test positive.[2] Of those who are skin-test positive, there is only a 2% cross-reactivity rate with cephalosporins for patients who have a true penicillin allergy[2] (i.e. 0.2% of all patients reporting allergy).
- Overall there is less than a 1 in 100,000 risk of anaphylaxis with a cephalosporin in patients reporting a penicillin allergy.[3]

ASSESS THE TYPE OF REACTION TO PENICILLIN

Stevens Johnson Syndrome **OR** Toxic Epidermal Necrolysis	Anaphylaxis within past 10 years (dyspnea, facial swelling, shock, immediate hives)	Anaphylaxis more than 10 years ago	Unknown reaction **OR** Patient unable to recall	Non-severe reaction: • Delayed rash (more than 24 hrs from taking drug) • Itching • GI intolerance
Do NOT administer beta-lactam. Consider alternative antibiotic. For vancomycin please make note on OR booking form.	Referral to allergist for preoperative testing. Do NOT administer beta-lactam. Consider alternative antibiotic. For vancomycin please make note on OR booking form.	Proceed with administering cephalosporin in a monitored perioperative setting. Consider referral to allergist for preoperative testing. Consider physician supervision for first dose depending on clinical history.		Proceed with administering cephalosporin in a monitored peri-operative setting. Consider physician supervision for first dose depending on clinical history.

References
(1) Sullivan, et al. Skin testing to detect penicillin allergy; Journal of Allergy and Clinical Immunology, Vol 68, 1981. (2) Solensky, et al. Drug allergy: an updated practice primer; Annals of Allergy, Asthma & Immunology, Vol 105, Oct 2010 (3) Apter, et al. Is there cross-reactivity between penicillins and cephalosporins?; The American Journal of Medicine, Vol 119, April 2006

Providence HEALTH CARE
How you want to be treated.

Approved by the Antimicrobial Stewardship Subcommittee
Approved by the PHC P&T Committee 2014

ANTIMICROBIAL Stewardship Program

BACK

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MEDICATIONS: (continued)

For Inpatients:

☐ quetiapine 12.5 to 25 mg PO HS PRN insomnia

∗OR∗

☐ zopiclone 3.75 mg PO HS PRN insomnia; may repeat once

docusate 200 mg PO BID

☐ if no BM in last 24 hours, MICROLAX enema rectally the evening prior to surgery

☐ if no BM in last 24 hours, magnesium citrate 15 g (1 bottle) PO the evening prior to surgery

If patient is diabetic, HOLD oral hypoglycemic and scheduled insulin on day of surgery and start insulin regular human subcutaneous sliding scale with capillary blood glucose check Q4H while patient is NPO (start in surgical day care and ward):

Capillary Blood Glucose (mmol/L)	Insulin Regular Human (subcutaneous)
4 or less	**Start Hypoglycemia Protocol**
4.1 to 8	0 units
8.1 to 12	2 units
12.1 to 14	4 units
14.1 to 16	7 units
16.1 to 20	10 units
Over 20	12 units and call prescriber

If OR cancelled: stop above orders and fax cancellation to Pharmacy

Printed Name | Signature | College ID | Pager

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