

PRE-OPERATIVE ORDERS - CABG SURGERY

Only those items will be carried out

Patient to arrive 2 hours before scheduled surgery

PATIENT: _____ DATE: _____

- 1. Admit Status: Inpatient Outpatient with Observation Services Outpatient
- 2. Admit to Dr: _____
- 3. Surgery Date: _____
- 4. Diagnosis: _____
- 5. Obtain permit for: _____
- 6. Please check if desired: CBC CMP aPTT PT / INR BMP HEMOGRAM HgA1C
 TEG PLTMAP Thromboelastograph and platelet mapping
 Type and Cross Packed cells Leukoreduced RBCs times _____ units
 FFP units times _____
 Apheresis Platelets units times _____
 Pregnancy Test
 Liver Function Test
 Additional Labs: _____
- Day Surgery: STAT Potassium (renal failure)
 STAT Fingerstick blood glucose
- 7. Redo CABG Patient: Type and Cross 4 units PRBCs
 Apheresis Platelets times 2 units
- 8. Please check if desired: EKG CXR - PA and LAT
Other Testing: _____
- 9. Pre-Op Antibiotics: _____
(to be given 1 hour of cut time)
- 10. NPO after midnight
- 11. DATE and TIME: _____ Discontinue Aspirin, Aspirin containing products
- 12. Provide Dynahex 4 skin cleanser for pre-op shower
- 13. Clipper Prep
- 14. Notify physician of patient's admission
- 15. Incentive Spirometer teaching
- 16. MRSA surveillance screening if patient meets high risk criteria
- 17. Pulmonary Function Test (must be scheduled prior to day of surgery)
- 18. Apnea Screening (OSA)

Date: _____ Time: _____ Physician Signature: X



The Medical Center of Plano

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POS

PATIENT IDENTIFICATION