








Ventricular Assist Device Order sets

Ventricular Assist Device Pre-op

Order Set: Ventricular Assist Device Pre-Op

Order Items

Admit/Transfer			
<input checked="" type="checkbox"/>		Admit patient	T Routine
Rehab Medicine			
<input checked="" type="checkbox"/>		Occupational Therapy - evaluate patient & develop treatment program, continue until discontinued Area of focus: activities of daily living, OT may progress activity as tolerated Add'l info: potential VAD patient Start: T	T Routine
<input checked="" type="checkbox"/>		Physical Therapy - evaluate patient & develop treatment program, continue until discontinued Area of focus: mobility, PT may progress activity as tolerated Add'l info: Potential VAD patient Start: T	T Routine
Nursing			
<input type="checkbox"/>		*Advisory - Remove all old IV lines 12-24 hours pre-op.	
<input type="checkbox"/>		Diet, NPO(NPO) - except oral meds, start now on T+1, continue until d/c'd	T+1 Routine
Medications			
<input type="checkbox"/>		Vancomycin 1000mg/NaCl 0.9% 250ml - 1000 mg, IV INFUSION, on-call, Infuse over 60 minutes	T Routine
<input type="checkbox"/>		Moxifloxacin Inj in 250 ml 0.8% NaCl - 400 mg, IV INFUSION, daily (0900), Infuse over 60 minutes, Do not refrigerate Oral bioavailability greater than 90%, oral route preferred	T Routine
<input type="checkbox"/>		Rifampin Cap 300 mg - 2 cap, PO, on-call, Give 2 hours pre-op	T Routine
<input type="checkbox"/>		Fluconazole Inj in 0.9% NaCl - 400 mg (2 mg/ml), IV INFUSION, on-call, Infuse over 120 minutes, in 200 ml NS, Infuse over 120 minutes. Do not refrigerate. Give 2 hours pre-op	T Routine
Step 1: Select PRODUCT			
<input type="checkbox"/>		Red Blood Cells, LEUKOREduced Adult - T **Type & screen will be ordered by Blood Bank Tech if needed.	T
<input type="checkbox"/>		Platelet Pheresis, Leukoreduced Adult - T **Type & screen will be ordered by Blood Bank Tech if needed.	T
<input type="checkbox"/>		Cryoprecipitate, Adult - *Call Blood Bank 20 minutes for thawing and pooling. **Recommended dose 1 unit/10 kg. Type & screen will be ordered by Blood Bank Tech if needed.	T
<input type="checkbox"/>		Cryoprecipitate must be entered in Step 1 before entering transfusion order Plasma, Frozen (FFP) Adult - *Nurse: 20 min before you need product, call Blood Bank [REDACTED] to have product thawed. **Type & screen will be ordered by Blood Bank Tech if needed. FFP must be entered in Step 1 before entering transfusion order.	T
Step 2: Enter INFUSION ORDER			

Step 2: Enter INFUSION ORDER

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Red Blood Cell Adult transfusion order - Adult Transfusion Guidelines: NORMAL SALINE ONLY: No med can be added to administration set. TEST DOSE: Give first 25-50 ml of each component slowly over 15 minutes with direct pt observation. Vital signs to be taken before and after test dose.. Complete Transfusion Administration Record and place in chart.. T. Routine Product must be entered in Step 1 before entering Transfusion	T	Routine
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Platelet Adult transfusion order - Adult Transfusion Guidelines: NORMAL SALINE ONLY: No med can be added to administration set. TEST DOSE: Give first 25-50 ml of each component slowly over 15 minutes with direct pt observation. Vital signs to be taken before and after test dose. Complete Transfusion Administration Record and place in chart.. T. Routine	T	Routine
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cryoprecipitate Adult transfusion order - TRANSFUSE Adult Transfusion Guidelines: NORMAL SALINE ONLY: No med can be added to administration set. TEST DOSE: Give first 25-50 ml of each component slowly over 15 minutes with direct pt observation. Vital signs to be taken before and after test dose.. Complete Transfusion Administration Record and place in chart.. T. Routine Cryoprecipitate must be entered in Step 1 before entering transfusion order	T	Routine
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plasma (FFP) Adult transfusion order - Adult Transfusion Guidelines: NORMAL SALINE ONLY: No med can be added to administration set. TEST DOSE: Give first 25-50 ml of each component slowly over 15 minutes with direct pt observation. Vital signs to be taken before and after test dose.. Complete Transfusion Administration Record and place in chart.. T. Routine FFP must be entered in Step 1 before entering transfusion order.	T	Routine

Laboratory

<input type="checkbox"/>	Complete Blood Count with Diff - Routine - Lab	T	Routine - Lab
<input type="checkbox"/>	Comprehensive Metabolic Profile(CMP) - No Prep, Routine - Lab **Includes: BUN, Creatinine, Calcium, Lytes, Glucose, Albumin, Total Protein, Alk Phos, ALT, AST, Bili **Performed on plasma	T	Routine - Lab
<input type="checkbox"/>	Urinalysis, Reflex to Sed. if ind. - Clean Catch, Routine, Nurse to Collect	T	Routine, Nurse to Collect

No reflex to sed (microscopy) from LDR, PNC, MBC wards. For wards LDR, PNC, MBC, if sediment analysis is required, order Urinalysis with Sediment Exam.

Ventricular Assist Device Post-op

Order Set: Ventricular Assist Device Post-Op

Order Items

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Admit patient	T	Routine
<input checked="" type="checkbox"/>		Negative pressure wound therapy - Premedicate patient as needed Turn unit off 15-30 minutes prior to dressing change Instill saline into dressing until fully saturated and soak for 15-30 minutes Use adhesive remover to remove dressing Cleanse with normal saline Apply black foam Operate unit at 125 mmHg continuous suction. <User Schedule> (every 1 week: Mon/10:00, Wed/10:00, Fri/10:00)	T	Routine
<input type="checkbox"/>		Diet, NPO(NPO) - except oral meds, start now on T, continue until d/c'd	T	Routine
Medications				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vancomycin 1000mg/NaCl 0.9% 250ml - 1000 mg, IV INFUSION, q12h, Infuse over 60 minutes	T	Routine
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Moxifloxacin Inj in 250 ml 0.8% NaCl - 400 mg, IV INFUSION, q24h, Infuse over 60 minutes, Do not refrigerate	T	Routine
<input type="checkbox"/>		Oral bioavailability greater than 90%, oral route preferred		
<input type="checkbox"/>		Rifampin Cap 300 mg - 2 cap, PO, q24h, Give 2 hours pre-op	T	Routine
<input type="checkbox"/>		Fluconazole Inj in 0.9% NaCl - 400 mg (2 mg/ml), IV INFUSION, Now x 1 Times, Infuse over 120 minutes, in 200 ml NS, Do not refrigerate.	T	Routine
<input type="checkbox"/>		Fluconazole Inj in 0.9% NaCl - 200 mg (2 mg/ml), IV INFUSION, daily (0900), Infuse over 60 minutes, Do not refrigerate.	T	Routine
Pump Parameters				
<input type="checkbox"/>		Vital signs - Monitor and record pump parameters: pump rate, q1h	T	Routine
<input type="checkbox"/>		Vital signs - Monitor and record pump parameters: stroke volume, q1h	T	Routine
<input type="checkbox"/>		Vital signs - Monitor and record pump parameters: flow (L/min), q1h	T	Routine
<input type="checkbox"/>		Vital signs - Monitor and record pump parameters: presence of hand pump, q1h	T	Routine
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Treatment (other) - Additional Information: Current VAD Pump operating Mode: AUTO or FIXED Only use this order for any treatment not included in the Nursing order browse.	T	Routine
<input type="checkbox"/>		Treatment (other) - Additional Information: Perform system controller self test each day and PRN at, q24h Only use this order for any treatment not included in the Nursing order browse.	T	Routine
<input type="checkbox"/>		Dressing, moist - Apply Dressing change with sterile wet to dry Betadine solution Cover with gauze Additional Information: May change when saturated, soiled or wet., q12h, PRN	T	Routine
<input type="checkbox"/>		Dressing, moist - Apply Dressing change with sterile wet to dry Betadine solution Cover with gauze Additional Information: May NOT change when saturated, soiled or wet., q12h	T	Routine
<input type="checkbox"/>		Notify doctor of clinical status - If P.I. less than 3.5 or greater than 5.0 and if power less than 6 or greater than 8 watts Additional Information: Heartmate II patients only	T	Routine

<input type="checkbox"/>	Notify doctor of clinical status - VAD flows less than 4 liters/min or stroke volume consistently less than ____	T	Routine
<input type="checkbox"/>	Notify doctor of clinical status - ALL HAZARD ALARMS - Call OR Desk X 2241	T	Routine
Additional Information: VAD Patient			
Blood orders			
<input type="checkbox"/>	*Advisory - Keep 4 units Red Blood Cells on hold for this patient at all times. Blood bank telephone is 2121 to check available supply.		
Step 1: Select PRODUCT			
<input type="checkbox"/>	<input checked="" type="checkbox"/> Red Blood Cells, LEUKOREduced Adult - T	T	
**Type & screen will be ordered by Blood Bank Tech if needed.			
Step 2: Enter INFUSION ORDER			
<input type="checkbox"/>	<input checked="" type="checkbox"/> Red Blood Cell Adult transfusion order - Adult Transfusion Guidelines: NORMAL SALINE ONLY: No med can be added to administration set. TEST DOSE: Give first 25-50 ml of each component slowly over 15 minutes with direct pt observation. Vital signs to be taken before and after test dose.. Complete Transfusion Administration Record and place in chart.. T. Routine Product must be entered in Step 1 before entering Transfusion	T	Routine
Maintenance items			
<input type="checkbox"/>	Echo-Full Study(2D, 3D, Doppler & Mmode) - Indications:Ventricular assist device Comment: bedside Schedule:Routine - Card	T	Routine - Card
<input type="checkbox"/>	.ECG Routine(12 Lead)(Adult- 20yrs or >) - Indications: Post op VAD Schedule:Routine - Card	T	Routine - Card
Notifications			
<input type="checkbox"/>	Notify doctor of vital signs - temp greater than 38.5, or less than 36.0,	T	Routine
<input type="checkbox"/>	<input checked="" type="checkbox"/> Notify doctor of clinical status - Heartmate Flow less than ____ liters/minute	T	Routine
<input type="checkbox"/>	Notify doctor of clinical status - Hemoglobin less than 7	T	Routine
<input type="checkbox"/>	Notify doctor of Intake/Output - urine output less than 30ml/hr X 2 hours	T	Routine
<input type="checkbox"/>	Notify doctor of Intake/Output - CT drainage greater than 100 for 2 hours.	T	Routine
<input type="checkbox"/>	Notify doctor of vital signs - MAP less than 60 or greater than 100mm/hg	T	Routine
<input type="checkbox"/>	Abdominal binder - Keep Abdoman binder on whenever possible.	T	Routine
Additional Information: Change Tuesdays and Fridays, <User Schedule> (every 1 week: Tue/09:00, Fri/09:00)			
<input type="checkbox"/>	Patient Education - Please give family VAD education binder	T	Routine
<input type="checkbox"/>	Pulses - (In HEARTMATE II PATIENTS ONLY) Additional Information: Please record doppler pressures prior to A-Line removal, then record doppler pulses via radial artery, q4h	T	Routine
<input type="checkbox"/>	<input checked="" type="checkbox"/> Cerebral oximetry - Daily	T	Routine
"Cerebral oximetry is a specialized method of monitoring oximetry of blood in the brain with non-invasive oximetry transducers affixed to the patient's forehead.			
Currently use of this device is limited to the White Surgical Services patients."			

Consults			
<input checked="" type="checkbox"/>	Occupational Therapy - evaluate patient & develop treatment program, continue until discontinued Area of focus: activities of daily living, OT may progress activity as tolerated Add'l info: VAD patient Start: T	T	Routine
<input checked="" type="checkbox"/>	Physical Therapy - evaluate patient & develop treatment program, continue until discontinued Area of focus: mobility, PT may progress activity as tolerated Add'l info: VAD patient Start: T	T	Routine
<input type="checkbox"/>	*Information Message: Do Not Enter - Consider Palliative care consult		
<input type="checkbox"/>	*Information Message: Do Not Enter - Consider Heart Failure consult		
<input type="checkbox"/>	Social Work Consult - Reason for Referral, Assessment/Psychosocial Assessment	T	
<input type="checkbox"/>	Nutrition consult: education - cardiac VAD Patient	T	Routine
<input type="checkbox"/>	<input checked="" type="checkbox"/> Psychiatry Consult - Adult Consult Services Requested, REFERRAL REASONS: Consult staff is available 24/7. For administrative questions during the week, Mon- Fri, 0700 to 1600 call [REDACTED] for Adults or call [REDACTED] for Pediatrics	T	Routine

Ventricular Assist Device Readmit

Order Set:

Ventricular Assist Device Readmit

Order Items

- ☒ *Advisory - All VAD patients need to be accompanied by a VAD trained staff or trained companion when off the floor with appropriate power sources and necessary backup equipment
- ☒ *Advisory - Mode: (Fixed or Auto as per attending physician) This is patient specific
- ☒ *Advisory - Perform system check on VAD daily (only XVE and HM II)
- ☒ *Advisory - Change vent filter weekly and PRN
- ☒ *Advisory - Driveline dressing changes as per protocol
- ☒ *Advisory - Monitor and document VAD settings/parameters Q4H for 48H then Q8H
- ☒ *Advisory - Contact perfusionist on call for all Hazard Alarms and VAD emergencies