Toronto General
Toronto Western
Princess Margaret

Doctor's Order Sheet
Cardiology (CICU)

Post Procedure Transaortic Valve Replacement (TAVR-Femoral approach)

Addressograph

PLEASE USE BLACK **OR** BLUE BALLPOINT PEN, PRESS FIRMLY

ALLERGIES:
NO KNOWN ALLERGIES ☐
KNOWN ALLERGIES (Specify) ☐

PHYSICIAN'S ORDER AND SIGNATURE	SIGNATURE(S) AND POSITION	ACTION TAKEN	PHARMACY

(Check ☑ appropriate box(es) and complete orders as required)

POST PROCEDURE:
On arrival to CICU please complete and follow standard CICU Admission Orders - Form D-2539 in addition to the following orders.

1. MONITORING:

a) Observe _____ groin/arm for bleeding, check vital signs (pulse, respiration, blood pressure, O_2 saturation) and palpate pedal/radial pulses in both feet/arms:
- q 15 minutes x 1 hour then
- q 30 minutes x 1 hour then
- q 1 hour x 4 hours then routine vitals

b) Conduct neurovascular assessment (colour, sensation, movement and temperature) of affected limb(s):
- q 15 minutes x 1 hour then
- q 30 minutes x 1 hour then
- q 1 hour x 4 hours then routine vitals

c) Cannulation Site Management

Femoral artery approach ❒ Left ❒ Right
- ❒ Femoral Closure Device ❒ Left ❒ Right
- ❒ Venous Sheath ❒ Left ❒ Right (for transvenous pacing) assess daily
- ❒ Venous Sheath ❒ Left ❒ Right (central line access)
- ❒ Femoral arterial sheath removal by MD as per policy # 28.30.001 at _____hours.
- ❒ Femoral venous sheath removal by MD as per policy # 28.30.001 at _____hours.
- ❒ Post sheath removal care and monitoring as per policy # 28.30.001
- ❒ Bed rest: ❒ x 4 hours or x_____hours post sheath removal

OR

Other cannulation site: _____

2. DIET: (Ordered in EPR)
❒ NPO until 6 hours post extubation, then sips to regular diet as ordered

3. TREATMENTS:
Temporary Transvenous Pacing (TTVP)
(i) Keep temporary transvenous pacemaker in x _____ hours then MD to reassess
(ii) Settings Rate:_____ bpm
Output: Ventricular _____mA
Sensitivity: Ventricular _____mV

4. LABORATORY TESTS: (Ordered in EPR)
❒ CBC q 4 hours X 3 then q 12 hours X 2.
Other bloodwork as per CICU admission orders - form D-2539

5. DIAGNOSTIC TESTS: (Ordered in EPR)
❒ Transthoracic echo post procedure day 1

D6653

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(Check ☑ appropriate box(es) and complete orders as required)

6. IV THERAPY:
- ❒ Saline Lock
- ❒ NS via central venous line at_____ mL/hour
- ❒ NS via Venous Sheath (TTVP site) at_____ mL/hour
- ❒ D5W at 30 mL/hour
- ❒ Other: (specify solution):_____infused at (specify rate) _____mL/hour

7. MEDICATIONS: (Ordered in EPR)

a) **Continued Renal Protection: (if required)**
- ❒ Sodium Bicarbonate 150 mmol (150 ml) in 850 mL D5W for a total volume of 1000 mL. Infuse at 1mL/kg/hour for 6 hours post procedure. Discontinue at_____hours.

b) **VTE Prophylaxis:**
- ❒ Enoxaparin 40 mg subcutaneous daily (start post procedure day 1 at 1000 hours if more than 12 hours post sheath removal)
- ❒ If creatinine clearance is less than 30 mL per minute, Heparin 5000 units subcutaneous q 12 hours (start post procedure day 1 at 1000 hours if more than 12 hours post sheath removal)

c) **Antiplatelets/anticoagulants:**
- ❒ Enteric Coated Acetylsalicylic Acid 81 mg PO once daily, starting on Date:_____

(If indicated)
- ❒ Clopidogrel (Plavix®) 75 mg PO daily, starting on Date:_____
- ❒ Warfarin (Coumadin®) Daily dose reminder starting on Date:_____
- ❒ Other: _____

8. OTHER: _____

Physician's Signature: _____ Date:____/____/____ Time:_____
dd mm yy

Calculation of estimated Creatinine Clearance (in mL per minute)

<u>Male:</u> (140 - age) x Ideal Body Weight (in kg) x 1.2 / Serum Creatinine in micromol per L)

<u>Female:</u> (140 - age) x Ideal Body Weight (in kg) x 1.2 x 0.85 / Serum Creatinine (in micromol per L)

EPTIFIBATIDE (Integrilin®) Dosing Chart

** vials in refrigerator
** Use 20mg/10mL vial (concentration=2mg/mL) for bolus dose
** Use 75 mg/100mL premixed bottles (concentration=0.75mg/mL) for maintenance infusion

Patient Weight (kg)	Bolus Volume (from 2 mg/mL vial)	Infusion Rate (from 0.75 mg/mL 100 mL vial)	
		2 mcg/kg/min *CrCl greater than or equal to 50 mL/min	1mcg/kg/min *CrCl less than 50 mL/
37-41	3.4mL	6 mL/hr	3 mL/h
42-46	4 mL	7 mL/hr	3.5 mL/h
47-53	4.5 mL	8 mL/h	4 mL/h
54-59	5 mL	9 mL/h	4.5 mL/h
60-65	5.6 mL	10 mL/h	5 mL/h
66-71	6.2 mL	11 mL/h	5.5 mL/h
72-78	6.8 mL	12 mL/h	6 mL/h
79-84	7.3 mL	13 mL/h	6.5 mL/h
85-90	7.9 mL	14 mL/h	7 mL/h
91-96	8.5 mL	15 mL/h	7.5 mL/h
97-103	9 mL	16 mL/h	8 mL/h
104-109	9.5 mL	17 mL/h	8.5 mL/h
110-115	10.2 mL	18 mL/h	9 mL/h
116-121	10.7 mL	19 mL/h	9.5 mL/h
> 121	11.3 mL	20 mL/h	10 mL/h

*CrCl = Creatinine clearance