# TAVR Pre-Op Admission Clinical Pathway

**Pharmacy Mnemonic:** PRETAVR

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<td><strong>1.</strong> Admit as INPATIENT to Dr. ___________________________. For Surgery ☐Today or ☐Tomorrow</td>
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<td><strong>2.</strong> Diagnosis:</td>
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<td><strong>3.</strong> Allergies:</td>
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<td><strong>4.</strong> Vital signs on arrival. Height (in inches and cm) and weight (in lbs and kg) with CVU scales &amp; record on front of chart.</td>
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|             | **5.** Verify TAVR Pre-Op Admission checklist for required chart documents is on patient chart **Contact Valve Clinic/TAVR Coordinator at [601-200-6484] if not present**  
  - Notify Surgery Posting Desk of Cardiac Surgery - (Notify Supervisor if posting desk is closed)  
  - Consult Anesthesiology to see patient during pre-admission assessment |             |
|             | **6.** CM: Prep patient for Transcatheter Aortic Valve Replacement with surgical clippers  
  - Pre-operative patient instructions:  
    - NPO after midnight the night prior to surgery. (Except medications as instructed. Take with a sip of water)  
    - Provide with and instruct patient in use of:  
      1. Hibiclens (chlorhexidine gluconate 4% topical) bath or shower the night before surgery and in A.M. of surgery.  
      2. Bactroban (mupirocin) nasal ointment 2% to each nare two times daily.  
      3. Peridex (chlorhexidine gluconate 0.12%) mouthwash 0.12% four times daily |             |
|             | **7.** CM: SCIP - Surgical Care Improvement Project (Nursing Order – Do Not Delete) |             |
|             | **8.** Consent for: Blood Administration |             |
|             | **Cardiac Surgery:**                   |             |
|             | **9.** Copy of H&P and recent consults on chart including pulmonology, nephrology, and cardiology. |             |
|             | **10.** Notify Heart Team (CT surgeon, Cardiologist, & Anesthesia) of admission and location of patient |             |
|             | **11.** Cardiologist: ____________________________ |             |
|             | **CT Surgeon: ____________________________** |             |
|             | **12.** Respiratory Therapy: Pre-Op ABG/PFT’s and Incentive Spirometry instruction. (if Cath Lab ABG’s are within normal limits do not repeat)  
  - ☐ Bedside Spirometry for patients with hx of COPD or smoking.  
  - ☐ Complete PFT |             |
<p>|             | <strong>13.</strong> ☐ Place IV: Normal Saline @ KVO ☐ Insert Saline Lock |             |
|             | <strong>14.</strong> CM: If patient routinely on AM Beta Blocker, instruct patent to take 1/2 dose at 9PM the night before surgery. Record date/time of last dose; if not taken within the last 24 hours prior to surgery - notify anesthesiologist. |             |
|             | <strong>15.</strong> DISCONTINUE ALL METFORMIN CONTAINING DRUGS (Actoplus Met, Fortamet, Glucophage, Glucovance, Metaglip, Metformin, Janumet, Glumetza, or Riomet) AT LEAST 48 HOURS PRIOR TO SURGERY. Notify MD: if patient has taken ANY METFORMIN CONTAINING DRUGS within 48 hrs. prior to time of scheduled surgery |             |</p>
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16. Medications:
Patient Height ______________ inches Weight ______________ kg

Pre-Op Antibiotics (Check one box below)
☐ 1. Low Risk Patient – A.M. admit and is not Diabetic: (Select one box below)
   ☐ Administer Kefurox (cefuroxime) 1.5 grams IV (start within one hour of skin incision)
   ☐ Administer Ancef (cefazolin) 2 grams IV if patient < 120 kg (start within one hour of skin incision)
   ☐ Administer Ancef (cefazolin) 3 grams IV if patient > 120 kg (start within one hour of skin incision)

☐ 2. High Risk Patient (Pt. is Diabetic, inpatient or BMI ≥ 30) (Select one box below)
   ☐ Administer Kefurox (cefuroxime) 1.5 grams IV (start within one hour of skin incision) OR
   ☐ Administer Ancef (cefazolin) 2 grams IV if patient < 120 kg (start within one hour of skin incision) OR
   ☐ Administer Ancef (cefazolin) 3 grams IV if patient > 120 kg (start within one hour of skin incision)
   AND
   Administer Vancomycin 15 mg/kg IV (start within two hours of skin incision)

☐ 3. Penicillin and/or Cephalosporin Allergy: (Select one box below)
   Administer Vancomycin 15 mg/kg IV (start within two hours of skin incision)
   AND
   A. ☐ Gentamicin 2 mg/kg (ideal body weight) IV if patient is on Dialysis OR
   ☐ Gentamicin 5 mg/kg (ideal body weight) IV if patient is NOT on Dialysis OR
   B. ☐ Levaquin 750 mg IV

CM: Select reason for use of Vancomycin below:
☐ Significant penicillin allergy or allergy to cephalosporins
☐ High-risk due to inpatient hospitalization within the last year
☐ Increased MRSA rate either facility-wide or procedure-specific
☐ High-risk due to residence in long-term care setting within the last year
☐ Known prior colonization with MRSA
☐ Patient has chronic wound care or on dialysis
☐ Hospital inpatient for >24 hrs prior to procedure

*Redose Kefurox or Ancef in surgery if chest is open greater than 4 hours
17. **Lab:**

   A) CBC w/diff, CMP and HgB A1c, BNP, and Clean-Catch Urinalysis (*DO NOT repeat labs if done within 72 hrs. of surgery and within normal limits*).

   B) PT, PTT, *(if not done within 7 days of surgery)*.

   C) HIV 1-2, HBsAg, HCV *(On all patients that have had blood transfusions; Do not repeat if already done)*

   D) Type & cross match 4 units of packed cells for surgery

18. **Studies:** Place results on chart.

   A) EKG *(do not repeat if done within 72 hours and no chest pain)* Indication: Pre-Op Transcatheter Aortic Valve Replacement

   B) Chest X-ray: PA and Lateral view

       Indication: Pre-Op Transcatheter Aortic Valve Replacement

   C) Carotid Ultrasound *(do not repeat if done within last 3 months)*.

   D) Obtain Euroscore, STS Score *(Place results in chart)*

   E) Obtain CTA-Chest, Abdomen, & Pelvis *(TAVR Protocol)* report and place on chart

   F) Obtain Heart Catheterization report and place on chart

   G) Obtain Transthoracic and/or Transesophageal Echo report(s) and place on chart

19. Consult cardiac rehab for pre-op teaching, case management, and pastoral care.

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**Date & Time**

**Physician Signature**

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**DOCTOR'S ORDERS**

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**BOTTOM EDGE OF PATIENT LABEL**

REV 03/17; SD40-3