

Physician Orders ADULT: Carotid Perc Angio w/Stent Placement Pre Proc Plan

		an Pnase cols/PowerPlans			
☑ Initiate Powerplan Phase					
_	IIIIIIaie F	Phase: Carotid Perc Angio w/Stent Placement	Pre Proc Phase When to		
		nitiate:	Tre troe triase, when to		
Carotic		gio w/stent Placement Pre Proc Phase			
	ategorize				
10 00	_	ntation of surgical indications required(NOTE)*			
R	Pre-Procedure Surgical Indications-Carotid Stent				
	1 10 1 100	T;N			
Admis	sion/Tran	sfer/Discharge			
	At this time, all Medicare carotid stent procedures should be initial Status Inpatient.(NOTE)*				
$\overline{\mathbf{v}}$		Status Initial Inpatient	a so milai status inpatienti(110.12)		
	rallent	T;N Admitting Physician:			
		Reason for Visit:			
		Bed Type:	Specific Unit:		
		Care Team:			
	Detient		/ intolpated 200. 2 finding no of more		
	rallent	Status Initial Outpatient T;N Admitting Physician:			
		Passan for Visit:			
		Reason for Visit:	Specific Unit:		
		Care Team:			
	Nietife - Die		Anticipated EOO. 2 midnights of more		
ш	Notity Ph	ysician-Once	unan adminaian		
//	lutrition	Notify: physician, Notify For: of room number u	upon admission		
Ш	NPO				
_		Instructions: NPO except for medications			
	NPO				
		Instructions: NPO except for medications			
		Comments: after clear liquid breakfast			
	NPO				
		Instructions: NPO except for medications			
		Comments: after regular breakfast			
Patient	Care	_			
$\overline{\mathbf{Z}}$	Consent	Signed For			
	Procedure: carotid percutaneous angioplasty with possible stent placement				
Nursin	a Commi	unication	pecciole cicin piacement		
☑ Nursing Communication					
_	rauranig	If patient on Heparin, DC heparin on call to Ca	ath lah		
		in patient on Flopaini, Do Hopaini on dan to od	III III		





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$\overline{\mathbf{A}}$	Nursing Communication					
		rin, DC after last PM dose				
Continuous Infusion						
	Sodium Chloride 0.45%					
	1,000 mL, IV, Routine	e, 75 mL/hr				
	D5 1/2NS					
	1,000 mL, IV, Routine	e, 75 mL/hr				
	ations					
$\overline{\mathbf{Z}}$	+1 Hours diphenhydrAMINE 50 mg, Cap, PO, OnCall, Routine					
$\overline{\mathbf{Z}}$	clopidogrel					
	75 mg, Tab, PO, once	e, STAT				
	NOTE: If not previously given within last 24 hours, order one below(NOTE)*					
	+1 Hours aspirin					
	81 mg, DR Tablet, PC	D. QDav				
	+1 Hours aspirin	-, -,, -				
_	325 mg, DR Tablet, F	PO. QDav				
	3 ,	, , ,				
Date	Time	Physician's Signature	MD Number			
*Repo	ort Legend:					
DEF -	This order sentence is the defau	It for the selected order				
GOAL - This component is a goal						
IND - This component is an indicator						
INT - This component is an intervention						
IVS - This component is an IV Set						
NOTE - This component is a note						
Rx - This component is a prescription						
	This component is a sub phase,	see separate sheet				
R-Req	luired order					

