

attach patient label here



Physician Orders ADULT
Order Set: AAA Stent Postop Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Admission/Transfer/Discharge		
<input type="checkbox"/>	Return Patient to Room	T;N
<input type="checkbox"/>	Transfer Patient	T;N
<input type="checkbox"/>	Notify physician once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs Per Unit Protocol	T;N, Monitor and Record T,P,R,BP
Activity		
<input type="checkbox"/>	Bedrest	T;N, till AM
<input type="checkbox"/>	Out Of Bed	T+1;1000, Up To Chair
<input type="checkbox"/>	Out Of Bed	T;N, tid
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<input type="checkbox"/>	Full Liquid Diet	Start at: T;N
<input type="checkbox"/>	American Heart Association Diet	Start at: T;N
<input type="checkbox"/>	Advance Diet As Tolerated	T;N
Patient Care		
<input type="checkbox"/>	Nasogastric Tube (NGT)	T;N, Suction Strength: Low Intermittent, To wall suction
<input type="checkbox"/>	Indwelling Urinary Catheter Care (Foley Care)	T;N, to gravity
<input type="checkbox"/>	Circulation Checks	T;N,q15min For 4 occurrence,then q30min X 4 occurrence, then q2h. Check circulation both legs.
<input type="checkbox"/>	Incentive Spirometry NSG	T;N, q1h-Awake
Respiratory Care		
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect) (ABG- T;N Stat once RT Collect)	
<input type="checkbox"/>	Nasal Cannula (O2-Nasal Cannula)	T;N, 2 L/min, Special Instructions: titrate to keep O2 sat \geq 92%
<input type="checkbox"/>	Mechanical Ventilation	T;N
<input type="checkbox"/>	Ventilator Weaning Trial Postop by RT	T;N
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.45% with KCl 20 mEq	1,000 mL,IV,Routine,T;N,100 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl	1,000 mL,IV,Routine,T;N,75 mL/hr





Physician Orders ADULT
Order Set: AAA Stent Postop Orders

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Medications	
[R]	VTE Prophylaxis (SURGICAL) Orders (see order set below)
[]	aspirin 81 mg, EC Tablet, PO, QDay, Routine, T;N
[]	aspirin 325 mg, EC Tablet, PO, QDay, Routine, T;N
	OR
[]	clopidogrel 75 mg, Tab, PO, QDay, Routine, If Aspirin Allergic
[]	famotidine 20 mg, Injection, IV Push, q12h, Routine, T;N
[]	famotidine 20 mg, Tab, PO, bid, Routine, T;N
[]	cefuroxime 1.5 g, IV Piggyback, IV Piggyback, q8h, Routine, T;N, (3 dose)
[]	vancomycin 1 g, IV Piggyback, IV Piggyback, q12h, Routine, T;N, (2 dose)
[]	ondansetron 4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine, T;N
[]	Adult Patient Controlled Analgesia Orders (see order set below)
[]	morPHINE 2 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine, T;N
[]	acetaminophen-OXYcodone- 325 mg- 2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, T;N 5 mg oral tablet
[]	Dextrose 5% in Water 250mL + 50 mg / 250 mL, IV, Routine, T;N, Titrate, 0 nitroprusside 50mg + Thiosulfate (additive) 500 mg
[]	nitroglycerin (NTG sublingual) 0.4 mg, Tab, SL, q5min, PRN Chest Pain, Routine, T;N
Laboratory	
[]	CBC T;N, STAT, once, Type: Blood
[]	Basic Metabolic Panel (BMP) T;N, STAT, once, Type: Blood
[]	Magnesium Level T;N, STAT, once, Type: Blood
[]	CBC T+1;0400, Routine, once, Type: Blood
[]	Basic Metabolic Panel (BMP) T+1;0400, Routine, once, Type: Blood
[]	Magnesium Level T+1;0400, Routine, Type: Blood
[]	Hematocrit T+1;0400, Routine, once, Type: Blood
[]	Phosphorus Level T+1;0400, Routine, once, Type: Blood
Diagnostic Tests	
Consults/Notifications	
[]	Physician Consult T;N
[]	Physician Consult T;N
[]	Notify Physician-Continuing T;N, call if UOP < 30mL/hr

Date

Time

Physician's Signature

MD Number



Physician Orders - ADULT VTE Prophylaxis SURGICAL Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
NOTE: Bleeding Risk Factor Assessment criteria is listed below VTE orders.		
Intracranial or Intraocular Procedures		
NOTE: If bleeding risk exists and NO contraindication to SCDs, place order below:		
<input type="checkbox"/>	Sequential Compression Device Apply	T;N, Apply To: Lower Extremities, Comment: Bleeding Risks Present
NOTE: If no bleeding risk exists place order below:		
<input type="checkbox"/>	heparin	5,000 units, Injection, subcutaneous, q12h, Routine, T;N+720, Comment: Do not adjust time of first dose as scheduled by pharmacy.
AND BOTH CBCs:		
<input type="checkbox"/>	CBC w/o Diff	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	CBC w/o Diff	Routine, T+2;0400, QODay, Type: Blood
Ortho Procedures		
NOTE: If bleeding risk exists and NO contraindications to SCDs, place order below:		
<input type="checkbox"/>	Sequential Compression Device Apply	T;N, Apply To: Lower Extremities, Comment: Bleeding Risks Present
NOTE: If no bleeding risk exists, place either enoxaparin and both CBC w/o Diff orders below OR place order for fondaparinux and both CBC w/o Diff orders below.		
<input type="checkbox"/>	fondaparinux	2.5 mg, Injection, Subcutaneous, QDay, Routine, T;N + 720, Do not adjust time of first dose as scheduled by pharmacy.
OR		
<input type="checkbox"/>	enoxaparin	30 mg, Injection, Subcutaneous, BID, Routine, T;N + 720, First dose should be timed to be given at least 12 hours post op, If CrCl less than 30mL/min, pharmacy to adjust dose to 30mg SQ QDay. Do not adjust time of first dose as scheduled by pharmacy.
OR		
<input type="checkbox"/>	Pharmacy Consult-Warfarin Dosing	T;N, Routine, Comment: VTE Prophylaxis. No Bleeding Risks Present
AND BOTH CBCs:		
<input type="checkbox"/>	CBC w/o Diff	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	CBC w/o Diff	Routine, T+2;0400, QODay, Type: Blood
AND Apply immediately post op if no contraindication:		
<input type="checkbox"/>	Sequential Compression Device Apply	T;N, Apply To: Lower Extremities, postop.
OR, ONLY IF SCD IS CONTRAINDICATED		
<input type="checkbox"/>	A-V Impulse Device Apply	T;N, Apply To: Lower Extremities, postop
<input type="checkbox"/>	Ankle Pumps	T;N, Routine, q1h-Awake, Instruct patient how to perform and have patient repeat 10 times per hour while awake.





Physician Orders - ADULT VTE Surgical Prophylaxis Orders

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Other Surgical Procedures		
NOTE: Bleeding Risks Present, and No contraindication to SCDs:		
<input type="checkbox"/>	Sequential Compression Device Apply	T;N, Apply To: Lower Extremities, Comment: Bleeding Risks Present
If NO Bleeding Risk Present, place ONE Heparin or Enoxaparin order below and place both CBC orders:		
<input type="checkbox"/>	heparin	5,000 units, Injection, subcutaneous, q12h, Routine, T;N, Comment: Pharmacist may adjust administration times after first dose.
<input type="checkbox"/>	heparin	5,000 units, Injection, Subcutaneous, q8h, Routine, T;N, Do not adjust time of first dose as scheduled by pharmacy.
OR		
<input type="checkbox"/>	enoxaparin	40 mg, Injection, Subcutaneous, Qday, Routine, T;N + 720, If CrCl less than 30 mL/min, pharmacy to adjust dose to 30mg SQ Qday. Do not adjust time of first dose as scheduled by pharmacy.
AND BOTH CBCs:		
<input type="checkbox"/>	CBC w/o Diff	Routine, T;N, once, Type: Blood,
<input type="checkbox"/>	CBC w/o Diff	Routine, T+2;0400, QODay, Type: Blood
CABG and Valve Surgical Procedures		
NOTE: If patient is immediate postop and no SCD contraindications exist, order SCDs for both extremities.		
<input type="checkbox"/>	Sequential Compression Device Apply	T;N, SCD Apply To: lower extremities
OR		
NOTE: If SCD is contraindicated, order graduated compression stockings (GCS) on both extremities and SCD only for otherwise intact extremity.		
<input type="checkbox"/>	TED Hose Apply (GCS Apply)	T;N, Routine, apply to bilateral lower extremities
<input type="checkbox"/>	Sequential Compression Device Apply	T;N, SCD Apply To: _____ Comment: Apply only nonsurgical lower extremity
<input type="checkbox"/>	Nursing Communication	T;N, After chest tubes are removed and no additional bleeding risk is present, call physician for order of: heparin 5000 units, injection, Subcutaneous, q12h, Routine, T;N
<input type="checkbox"/>	CBC w/o Diff	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	CBC w/o Diff	Routine, T+2;0400, QODay, Type: Blood
Do Not Administer VTE Prophylaxis		
<input type="checkbox"/>	Contraindication-VTE Prophylaxis	T;N, Reason: Patient has bleeding risk for anticoagulants, and SCDs are contraindicated. Consider early ambulation.

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Physician Orders - ADULT VTE Surgical Prophylaxis Orders

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NOTE: BLEEDING RISK FACTOR ASSESSMENT- This is a partial list of bleeding risk factors. Clinicians are advised to consider other risk factors or conditions that may predispose patients to DVT/PE. Check all that may apply:

<input type="checkbox"/>	Patient already receiving anticoagulation therapy with warfarin, heparin, fondaparinux, enoxaparin or other anticoagulation therapy
<input type="checkbox"/>	Active bleeding
<input type="checkbox"/>	INR greater than 1.5 and patient NOT on warfarin therapy
<input type="checkbox"/>	INR greater than 2 and patient ON warfarin therapy
<input type="checkbox"/>	Solid Organ and Bone Marrow Transplant patients with platelet count less than 100,000
<input type="checkbox"/>	Platelet count less than 50,000 (applies to patients with no history of transplant procedures)
<input type="checkbox"/>	Solid organ transplant during this episode of care OR within 30 days of admission
<input type="checkbox"/>	Documented bleeding or Coagulopathy disorder
<input type="checkbox"/>	Hemorrhagic Stroke within 6 weeks of admission
<input type="checkbox"/>	Severe Uncontrolled Hypertension
<input type="checkbox"/>	Recent Intraocular or Intracranial surgery
<input type="checkbox"/>	Vascular Access or Biopsy sites inaccessible to hemostatic control
<input type="checkbox"/>	Recent Spinal Surgery
<input type="checkbox"/>	Epidural or Spinal Catheter
<input type="checkbox"/>	Pregnancy, Possible Pregnancy or Postpartum (to include up to 6 weeks post partum)
<input type="checkbox"/>	Heparin Induced Thrombocytopenia (HIT)
<input type="checkbox"/>	heparin allergy or pork allergy
<input type="checkbox"/>	No Bleeding Risk Factors exists

Date

Time

Physician's Signature

MD Number

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Physician Orders ADULT

Order Set: Adult Patient Controlled Analgesia Orders

[R] = will be ordered unless marked out.

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Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Standard Patient Controlled Analgesia Orders		
	Use standard concentration PCA medications for opioid naive patients and patients with normal dosage requirements.	
	To order "per protocol", select one of the below orders and leave it unchanged. The first order is without a basal rate. The second order includes a standard basal rate.	
Patient Care		
<input type="checkbox"/>	Instruct/Educate	T;N, Instruct: Patient and Family, Method: Demonstrate, Proper administration and use of PCA
Medications - Select one (1) of the following:		
MorPHINE		
<input type="checkbox"/>	morPHINE (MorPHINE PCA - 1 mg/mL)	PCA Dose: 1 mg, Lock-out: 10 min, 1hr Limit: 6 mg, Basal Rate: No Basal Rate, PCA, IV, Routine
<input type="checkbox"/>	morPHINE (MorPHINE PCA - 1 mg/mL)	PCA Dose: 1 mg, Lock-out: 10 min, 1hr Limit: 7 mg, Basal Rate: 1 mg/hr, PCA, IV, Routine
<input type="checkbox"/>	HYDROmorphine (HYDROmorphine PCA - 1 mg/mL)	PCA Dose: 0.2 mg, Lock-out: 10 min, 1hr Limit: 1.2 mg, Basal Rate: No Basal Rate, PCA, IV, Routine
<input type="checkbox"/>	HYDROmorphine (HYDROmorphine PCA - 1 mg/mL)	PCA Dose: 0.2 mg, Lock-out: 10 min, 1hr Limit: 1.4 mg, Basal Rate: 0.2 mg/hr, PCA, IV, Routine
	NOTE: For patients with severe pain who have very high PCA requirements (greater than or equal to morphine 50 mg IV per shift or HYDROmorphine 50 mg IV per shift), order the "Maximally Concentrated PCA Orders for Adults".	

Date Time Physician's Signature MD Number

