



Physician Orders ADULT: Thorocotomy/Lobectomy PostOp Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: Thorocotomy/Lobectomy Phase, When to Initiate: _____
- ☐ Initiate Powerplan Phase
Phase: Mechanically Ventilated Patients (Vent Bundle) Phase, When to Initiate _____

Thorocotomy/Lobectomy PostOp Phase

Non Categorized

- ☐ Add To Problem List
Problem: S/P lobectomy of lung
- ☐ Add To Problem List

Admission/Transfer/Discharge

- ☐ Return Patient to Room
- ☐ Transfer Pt within current facility
- ☐ Notify Physician-Once
Notify: physician, Notify For: room number on arrival to unit

Vital Signs

- ☒ Vital Signs Per Unit Protocol
Monitor and Record Blood Pressure Monitor and Record Resp Rate Monitor and Record Pulse, CVICU routine
- ☒ Vital Signs
Monitor and Record Temp, q4h(std)
- ☐ CVP Monitoring
q2h(std)

Activity

- ☐ Out Of Bed
Up To Chair, tid

Food/Nutrition

- ☐ NPO
- ☐ Clear Liquid Diet
Start at: T;N

Patient Care

- ☒ Incision Care
bid
- ☐ Chest Tube Care
Suction Strength: Low Continuous, To Suction At: -20cm, water seal
- ☒ Intake and Output
q2h(std)
- ☒ Incentive Spirometry NSG
q1h-Awake

Nursing Communication

- ☐ Nursing Communication
hold heparin until cleared with surgeon

Respiratory Care

NOTE: If a mechanical ventilator is needed please order the Mechanically Ventilated Patient Phase (Vent Bundle Phase) in this Plan. (NOTE)*

- ☐ Ventilator Weaning Trial Postop by RT
Special Instructions: wean per RT postop policy
- ☐ Weaning Protocol-Ventilator
Special Instructions: wean per respiratory Post op weaning protocol





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- ☐ O2 Sat-Continuous Monitoring (RT)
q4h(std)
- ☐ O2-Nasal Cannula
2 L/min, Special Instructions: titrate to keep O2 sat \geq 92%

Continuous Infusion

- ☐ Sodium Chloride 0.45% with KCl 20 mEq (IVS)*
Sodium Chloride 0.45%
1,000 mL, IV, Routine, 100 mL/hr
potassium chloride
20 mEq, EB
- ☐ D5 1/2 NS KCl 20 mEq/L
1,000 mL, IV, Routine, 75 mL/hr
- ☐ nitroprusside infusion (IVS)*
Dextrose 5% in Water
250 mL, IV, Routine, titrate
Comments: Initial Rate: 0.3 mcg/kg/min; Titration Parameters: 0.5 mcg/kg/min as often as every 5 min to desired effect per MD orders; Max Rate: 10 mcg/kg/min; Conc: 200 mcg/mL
nitroprusside
50 mg

- ☐ PCA - HYDROMORPHONE Protocol Plan (Adult) (SUB)*

- ☐ PCA - MORPHINE Protocol Plan (Adult) (SUB)*

Medications

- ☒ VTE Other SURGICAL Prophylaxis Plan (SUB)*
- ☐ **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
 - ☐ *1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine (DEF)**
 - ☐ *1 tab, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine*
- ☐ **+1 Hours** famotidine
20 mg, Tab, PO, bid, Routine
- ☒ **+1 Hours** docusate
100 mg, Cap, PO, bid, Routine
- ☐ **+1 Hours** Zinacef
1.5 g, IV Piggyback, IV Piggyback, q8h, Routine, (for 3 dose)
- ☐ **+1 Hours** vancomycin
1 g, IV Piggyback, IV Piggyback, q12h, Routine, (for 2 occurrence)
- ☐ **+1 Hours** ceFAZolin
1 g, Injection, IV Push, q8h, Routine, (for 3 dose)
Comments: x 3 doses
- ☒ **+1 Hours** acetaminophen
650 mg, Tab, PO, q6h, PRN Fever, Routine
Comments: For Temp > 38.3 degC
- ☒ **+1 Hours** ondansetron
4 mg, Injection, IV Push, q6h, PRN Nausea, Routine
- ☐ **+1 Hours** LORazepam
1 mg, Tab, PO, q6h, PRN Anxiety, Routine

Laboratory

- ☒ Hct
STAT, T;N, once, Type: Blood
- ☒ BMP





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- ☐ PT/INR
STAT, T;N, once, Type: Blood
- ☐ PTT
STAT, T;N, once, Type: Blood
- ☐ CBC
STAT, T;N, once, Type: Blood
- ☐ CMP
Routine, T+1;0400, Type: Blood
- ☐ Magnesium Level
Routine, T+1;0400, Type: Blood
- ☐ Renal Function Panel
Routine, T+1;0400, Type: Blood

Diagnostic Tests

- ☐ Chest 1 View
T;N, Reason For Exam Other, Enter in Comments, Other reason: Line Placement, Stat, Portable
- ☐ Chest 1 View
T+1;0400, Routine, Portable
- ☐ EKG
Start at: T+1;0800, Priority: Routine
Comments: Postop Day 2

Consults/Notifications/Referrals

- ☐ Consult MD
Reason for Consult: pulmonary
- ☐ Notify Physician-Continuing
Notify: Surgeon, Notify For: if CVP >20
- ☐ Notify Physician-Continuing
Notify: Surgeon/Resident, Notify For: chest tube drainage >100mL/hr x 2 hours
- ☐ Consult MD
Reason for Consult: Internal Medicine-medical management
- ☐ Consult MD
Reason for Consult: Cardiology-arrhythmias

Mechanically Ventilated Patients Phase

Non Categorized

- R Mechanically Ventilated Pt (Vent Bundle) Care Track
T;N

Patient Care

- ☒ Elevate Head Of Bed
30 degrees or greater if systolic blood pressure is greater than 95 mmHg
- ☒ Reposition ETT (Nsg)
QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.
- ☒ ETT Subglottic Suction
 - ☐ Low Continuous, 20mmHg, Applies to ETT with the Hi-Lo suction capability. (DEF)*
 - ☐ Low Intermittent, 40mmHg, Applies to ETT with the Hi-Lo suction capability.
 - ☐ Low Intermittent, 60mmHg, Applies to ETT with the Hi-Lo suction capability.
 - ☐ Low Intermittent, 80mmHg, Applies to ETT with the Hi-Lo suction capability.
 - ☐ Low Intermittent, 100mmHg, Applies to ETT with the Hi-Lo suction capability.
 - ☐ Low Intermittent, 120mmHg, Applies to ETT with the Hi-Lo suction capability.





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- ☒ Mouth Care
Routine, q2h(std)
- ☒ Nursing Communication
Call MD if higher than any of the following maximum doses of medications is required. LORazepam 6 mg in 3 hours, Fentanyl 500 mcg/hr, propofol 100 mcg/kg/min, midazolam 7mg/hr
- ☒ Nursing Communication
If SAS goal not met in 6 hours, call MD for further orders
- ☒ Nursing Communication
If receiving haloperidol, patient must be on cardiac monitor - call MD for QTc prolongation greater than or equal to 500 msec and HOLD haloperidol
- ☒ Nursing Communication
Once SAS goal is met initially reassess and document SAS score q2hrs
- ☒ Nursing Communication
If the patient is on sedation medication other than propofol, begin turning off the sedation medications at 8am for the sedation vacation process
- ☒ Nursing Communication
Notify Respiratory for Weaning Assessment at 8am if a Vacation Sedation is initiated,

Respiratory Care

- ☒ Mechanical Ventilation
- ☐ Reposition ETT (Nsg)
QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.

Medications

- ☐ **+1 Hours** docusate
100 mg, Liq, NG, bid, Routine
Comments: HOLD for diarrhea
- ☐ **+1 Hours** famotidine
20 mg, Tab, NG, bid, Routine
Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min
- ☐ **+1 Hours** famotidine
20 mg, Injection, IV Push, bid, Routine
Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min
- ☐ **+1 Hours** pantoprazole
40 mg, Granule, NG, QDay, Routine
- ☐ **+1 Hours** pantoprazole
40 mg, Injection, IV Push, QDay, Routine
- ☒ **+1 Hours** Chlorhexidine For Mouthcare 0.12% Liq
15 mL, Liq, Mucous Membrane, bid, Routine
Comments: For mouthcare at 0800 and 2000.
- ☐ VTE MEDICAL Prophylaxis Plan(SUB)*
- ☐ VTE SURGICAL Prophylaxis Plan(SUB)*
- ☐ Sequential Compression Device Apply
T;N, Apply to Lower Extremities

Sedation

Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)*
Choose Sedation Goal per Riker Sedation Agitation Scale (SAS) Goal of 3-4 recommended (NOTE)*

- ☒ Sedation Goal per Riker Scale
 - ☐ Goal: 3 (Sedated) (DEF)*
 - ☐ Goal: 4 (Calm/Cooperative)
- ☐ Propofol Orders Plan(SUB)*





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- ☐ **+1 Hours** LORazepam
1 mg, Injection, IV Push, q30min, PRN Other, specify in Comment, Routine
Comments: To maintain SAS goal (Maximum of 6 mg in a 3 hr period). If patient is over-sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.
- ☐ **+1 Hours** midazolam
1 mg, Injection, IV Push, q1h, PRN Other, specify in Comment, Routine
Comments: To maintain SAS goal. If patient is over-sedated, hold until SAS goal achieved. Call MD if patient requires more than 20 mg/day.
- ☐ **+1 Hours** midazolam 1mg/mL/NS 50 mL PreMix
50 mg / 50 mL, IV, Routine, titrate
Comments: Initiate at 1 mg/hr. Titrate by 0.5mg/hr every 15 minutes until SAS goal achieved. Maximum dose 7 mg/hr
- ☐ **+1 Hours** dexmedetomidine infusion (ICU Sedation) (IVS)*
Sodium Chloride 0.9%
100 mL, IV, (for 72 hr), Titrate
Comments: Concentration: 4 mcg/mL Initiate infusion at 0.2 mcg/kg/hr. Titrate by 0.1 mcg/kg/hr every 30 minutes to reach goal sedation of Riker 3-4. DO NOT BOLUS dose at any time. DO NOT TITRATE MORE FREQUENTLY THAN EVERY 30 MIN.
dexmedetomidine (additive)
400 mcg

Pain Management

Choose one of the orders below, morPHINE is not recommended if creatinine clearance is less than 50 mL/min, in liver failure or SBP less than 90mmhg or MAP less than 65 mmhg.(NOTE)*

- ☐ **+1 Hours** morphine
2 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** HYDROMorphone
0.5 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** morphine
4 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10), Routine
- ☐ **+1 Hours** HYDROMorphone
1 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10)
- ☐ **+1 Hours** fentaNYL 10 mcg/mL in NS infusion
2,500 mcg / 250 mL, IV, Routine, Titrate
Comments: Concentration 10 mcg/mL
Initial Rate: 50 mcg/hr; Titration Parameters: 50 mcg/hr every 10 min to SAS goal per MD orders. Max Rate: 500 mcg/hr

Refractory Agitation

Place order below for agitation that persists despite adequate sedation & analgesia. Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)*

- ☐ **+1 Hours** haloperidol
2 mg, Injection, IV Push, q1h, PRN Agitation, Routine
Comments: Cardiac monitor required. *If Qtc greater than 500 msec, hold haldoperidol. *If SAS not met in 6 hrs, call MD. Call MD if patient requires more than 20 mg/day.

Sedation Vacation Daily

- ☒ Sedation Vacation
qam, see Order Comment:, T;N
Comments: For patients receiving continuous infusions, lighten/discontinue sedation and pain medications at 0800 daily (or more often as indicated by MD/required by nsg unit) until the patient is awake, can follow commands, or until they become uncomfortable or agitated. Resume sedation infusion at 1/2 the previous rate and re-titrate to SAS goal. If SAS goal still





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achieved without active therapy, do not restart sedation. If patient becomes agitated, resume sedation infusion at 1/2 the previous rate & re-titrate to SAS goal (document on the nursing flow sheet)

- ☒ Ventilator Weaning Trial Medical by RT

Consults/Notifications/Referrals

- ☒ Notify Physician-Continuing
Notify: MD, Notify For: QTc prolongation on cardiac monitor greater than or equal to 500msecs and HOLD haloperidol

_____ Date	_____ Time	_____ Physician's Signature	_____ MD Number
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***Report Legend:**

DEF - This order sentence is the default 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
 SUB - This component is a sub phase, see separate sheet
 R-Required order

