



attach patient label here

Physician Orders ADULT

PowerPlan: Vascular Surgery Pre Procedure Plan

[R] = will be ordered

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

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies☐ Medication allergy(s): _____☐ Latex allergy ☐ Other: _____**Admission/Transfer/Discharge**☐ Patient Status Initial **Outpatient** **Attending Physician:** _____**Outpatient Status/Service:** ☒ OP-Ambulatory ☐ OP-Diagnostic Procedure ☐ OP-Observation Services**NOTE to MD:****Initial status – inpatient** --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.**Initial Status Outpatient – Ambulatory surgery** – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery.

- Routine recovery after outpatient surgery is estimated at 6-8 hours.
- “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.
- For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”.
- Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.

Initial status Outpatient -Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours

- In some cases (for Medicare patients), this can be extended to 48 hours.
- Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.

☐ Notify physician once T;N, of room number on arrival to unit

Primary Diagnosis:

Secondary Diagnosis:

Vital Signs☐ Vital Signs T;N, Routine Monitor and Record T,P,R,BP**Activity**☐ Activity As Tolerated T;N, Up As Tolerated☐ Bedrest T;N, Routine**Food/Nutrition**☐ NPO T;N,**Patient Care**☐ Consent Signed For T;N, Procedure _____, Performing MD _____,**Continuous Infusions**☐ D5 1/2 NS KCL 20 mEq/L 1,000 mL, IV, Routine, T;N, 75 mL/hr,☐ Sodium Chloride 0.9% 1,000 mL, IV, Routine, T;N, 75 mL/hr☐ Sodium Chloride 0.45% 1,000 mL, IV, Routine, T;N, 20 mL/hr

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Medications		
NOTE: Order either ceFAZolin OR cefuroxime AND vancomycin below		
NOTE: if patient is > 120 kg, order 3 grams of ceFAZolin		
<input type="checkbox"/>	ceFAZolin	2 g , IV Piggyback, IV Piggyback, N/A, Routine, Comment: Start no earlier than one hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding.
<input type="checkbox"/>	ceFAZolin	3 g , IV Piggyback, IV Piggyback, N/A, Routine, (1 dose), start no earlier than 1 hr prior to incision, Comment: start no earlier than one hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding.
OR		
	cefuroxime (Zinacef)	1.5 g, IV Piggyback, IV Piggyback, N/A, Routine, Comment: Start no earlier than one hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding
AND		
<input type="checkbox"/>	vancomycin	15mg/kg , IV Piggyback, IV Piggyback, N/A, Routine, (infuse over 1 hr), Comment: start no earlier than 2 hours prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding. Max Dose= 2Gm
Note: If documented beta-lactam allergy, order vancomycin alone:		
<input type="checkbox"/>	vancomycin	15 mg/kg , IV Piggyback, IV Piggyback, N/A, Routine, (1 dose), start no earlier than 2 hrs prior to incision, Comment: start no earlier than 2 hours prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding. Max Dose= 2Gm
Laboratory		
<input type="checkbox"/>	CBC	STAT, T;N, Type: Blood
<input type="checkbox"/>	BMP	STAT, T;N, Type: Blood
<input type="checkbox"/>	PT/INR	STAT, T;N, Type: Blood
<input type="checkbox"/>	APTT	STAT, T;N, Type: Blood
<input type="checkbox"/>	Pregnancy Screen Serum	STAT, T;N, Type: Blood
<input type="checkbox"/>	Type and Crossmatch PRBC	STAT, T;N, Type: Blood
<input type="checkbox"/>	Transfuse PRBC not actively bleeding	STAT, T;N, Reason for Transfusion_____, Transfusion Date Expected_____Units: 1
<input type="checkbox"/>	Transfuse PRBC actively bleeding	STAT, T;N, Reason for Transfusion_____, Transfusion Date Expected_____Units: 2
Diagnostic Tests		
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Stat, Stretcher, Reason for Exam _____
<input type="checkbox"/>	EKG	T;N, Stat, Reason for Exam _____

Date

Time

Physician's Signature

MD Number