

Vascular Surgery Stent/Graft 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 **Inpatient** Attending Physician: _____

Bed Type: ☐ Med Surg ☐ Critical Care ☐ Stepdown ☐ Obstetrics ☐ Other

☐ 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: _____

Laboratory

☐ Creatinine T;N, Routine, Once, Type: Blood

☐ BUN T;N, Routine, Once, Type: Blood

Diagnostic Tests

☐ Chest 2VW Frontal & Frontal & Lat T;N, Reason for Exam: Other, Enter in Comments, Routine, Order Comments: follow-up thoracic aortic stent grafting for aortic transection

☐ KUB T;N, Routine

☐ EKG T;N, Routine

☐ CT Abdomen Triple Phase T;N, Reason for Exam: Other, Enter in Comments, Order comments: For Aortic Stent Graft, 2.5 mm cuts - no contrast, then 2.5 mm cuts - arterial phase of contrast, then 2.5 mm cuts, venous phase. NO Oral contrast.

☐ CT Pelvis W Cont T;N, Reason for Exam: Other, Enter in Comments, Order comments: For Aortic Stent Graft, 2.5 mm cuts - no contrast, then 2.5 mm cuts - arterial phase of contrast, then 2.5 mm cuts, venous phase. NO Oral contrast.

☐ CT Chest W Cont T;N, Reason for Exam: Other, Enter in Comments, Order comments: For Aortic Stent Graft, 2.5 mm cuts - no contrast, then 2.5 mm cuts - arterial phase of contrast, then 2.5 mm cuts, venous phase. NO Oral contrast.

Date

Time

Physician's Signature

MD Number

