



**Physician Orders ADULT: Vascular Surgery AAA Endovascular Post Op Plan**

**Initiate Orders Phase**

**Care Sets/Protocols/PowerPlans**

- ☐ Initiate Powerplan Phase  
*Phase: AAA Endovascular PACU Phase, When to Initiate: \_\_\_\_\_*
- ☐ Initiate Powerplan Phase  
*Phase: Mechanically Ventilated Patients Phase, When to Initiate: \_\_\_\_\_*
- ☐ Initiate Powerplan Phase  
*Phase: AAA Endovascular Post Op Phase, When to Initiate: \_\_\_\_\_*

**AAA Endovascular PACU Phase**

**Respiratory Care**

- ☒ ISTAT Blood Gases (RT Collect)

**Laboratory**

- ☒ CBC w/o Diff  
*STAT, T;N, once, Type: Blood*  
*Comments: Draw in PACU*
- ☒ CMP  
*STAT, T;N, once, Type: Blood*  
*Comments: Draw in PACU*
- ☒ Magnesium Level  
*STAT, T;N, once, Type: Blood*  
*Comments: Draw in PACU*
- ☒ Phosphorus Level  
*STAT, T;N, once, Type: Blood*  
*Comments: Draw in PACU*
- ☒ PT/INR  
*STAT, T;N, once, Type: Blood*  
*Comments: Draw in PACU*
- ☒ Amylase Level  
*STAT, T;N, once, Type: Blood*  
*Comments: Draw in PACU*

**Diagnostic Tests**

- ☐ Abd Sing AP VW  
*T;N, Reason for Exam: Other, Enter in Comments, Routine*  
*Comments: Evaluate NGT placement.*
- ☐ Chest 1VW Frontal  
*T;N, Routine*

**Mechanically Ventilated Patients Phase**

**Non Categorized**

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

**Patient Care**

- ☒ Elevate Head Of Bed





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*30 degrees or greater if systolic blood pressure is greater than 95 mmHg*

- ☒ Reposition ETT (Nsg)  
*T;N, 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.*
- ☒ Mouth Care  
*Routine, q2h(std)*
- ☒ Nursing Communication  
*T;N, 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  
*T;N, If SAS goal not met in 6 hours on haloperidol, call MD for further orders*
- ☒ Nursing Communication  
*T;N, 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  
*T;N, Once SAS goal is met initially, reassess and document SAS score q2hrs*
- ☒ Nursing Communication  
*T;N, 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  
*T;N, Notify Respiratory for Weaning Assessment at 8am if a Vacation Sedation is initiated,*

**Respiratory Care**

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

**Medications**

- ☐ **+1 Hours** docusate  
*100 mg, Liq, Tube, bid, Routine  
Comments: HOLD for diarrhea*
- ☐ **+1 Hours** famotidine  
*20 mg, Oral Susp, Tube, 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*





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*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
- ☐ 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), T;N
- ☐ Propofol Orders Plan(SUB)\*
- ☐ **+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 appropriate SAS 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*

#### 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  
4 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** HYDROmorphine  
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*





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SAS not met in 6 hrs, call MD. Call MD is 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 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

T;N

**Consults/Notifications/Referrals**

☒ Notify Physician-Continuing

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

**AAA Endovascular Post Op Phase**

**Admission/Transfer/Discharge**

☐ Return Patient to Room

T;N

For patients at University(NOTE)\*

☐ Transfer Pt within current facility

*Level of Care: Critical Care, To SICU*

For patients at Germantown(NOTE)\*

☐ Transfer Pt within current facility

*Level of Care: Critical Care, To CVICU*

☐ Notify Physician-Once

*Notify For: room number upon arrival to unit, T;N*

**Vital Signs**

☒ Vital Signs

*Monitor and Record T,P,R,BP, q1h(std)*

☒ Check Pulses

☐ *dorsalis pedis pulse bilateral, every hour times 4, then every 4 hours times 4, then every 8 hours (DEF)\**

☐ *femoral pulse bilateral, every hour times 4, then every 4 hours times 4, then every 8 hour*

☐ *popliteal pulse bilateral, every hour times 4, then every 4 hours times 4, then every 8 hours*

☐ *every hour times 4, then every 4 hours times 4, then every 8 hours*

**Activity**

☐ Bedrest

*until AM, T;N*





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- ☒ Bedrest  
*for 6 hours then out of bed to chair, T;N*
- ☒ **+6 Hours** Out Of Bed  
*Up to Chair after bedrest complete*
- ☒ **+6 Hours** Ambulate  
*tid, T;N*

**Food/Nutrition**

- ☒ Clear Liquid Diet  
*Start at: T;N*
- ☒ Advance Diet As Tolerated  
*to a Consistent Carbohydrate Diet*
- ☒ Consistent Carbohydrate Diet

**Patient Care**

- ☒ Ankle Brachial Index Assess  
*to be done by nurse in STAT Postop, then q4hr x 4 then qday*
- ☒ Incentive Spirometry NSG  
*q2h(std)*
- ☒ Turn Cough Deep Breathe  
*q2h-Awake*
- ☒ Intake and Output  
*q1h(std)*
- ☒ Cardiac Monitoring  
*T;N*
- ☒ Foley Insert-Follow Removal Protocol  
*Reason: Postop Surgery Less Than 24 Hrs Ago, to bedside gravity drainage*
- ☒ In and Out Cath  
*prn For 6 hr, if unable to void in 6 hours and bladder scan greater than 400 mL*
- ☒ Groin Check  
*Routine, q1h(std), For 24 hr*
- ☒ Central Line Care  
*T;N*
- ☒ Central Line May Use  
*Special Instructions: after confirmed via CXR*
- ☒ IV Insert/Site Care  
*T;N*

**Nursing Communication**

- ☒ Nursing Communication  
*Maintain Arterial Line*
- ☒ Nursing Communication  
*have patient lift legs off bed after 6 hours of bedrest is complete and check for vigorous ankle and*



*leg movement between leg lifts every hour for 24 hours*

- ☒ ISTAT Blood Gases (RT Collect)  
*Stat once*
- ☒ ISTAT Blood Gases (RT Collect)  
*Routine, T+1;0400*
- ☒ ABG- RT Collect  
*Stat once*
- ☒ Oxygen Saturation-Continuous Monitoring (RT)  
*For 4 hr*
- ☒ Oxygen Saturation-Spot Check (RT)  
*q8h(std), Special Instructions: after continuous monitoring complete*

If potassium level greater than or equal to 5 mmol/L, do not order potassium chloride in IV fluids(NOTE)\*

- ☐ VTE Other SURGICAL Prophylaxis Plan(SUB)\*
- ☐ **+1 Hours** aspirin  
325 mg, DR Tablet, PO, QDay
- ☐ **+1 Hours** aspirin  
300 mg, Supp, PR, QDay, Routine  
Comments: May switch to 325mg PO tab once patient is tolerating PO intake
- ☐ **+1 Hours** clopidogrel  
75 mg, Tab, PO, QDay, Routine

For weight less than 120 kg, choose the following order.(NOTE)\*

- ☐ **+1 Hours** ceFAZolin  
2 g, IV Piggyback, IV Piggyback, q8h, Routine, (for 2 dose )  
*Comments: Time post op dose 8 hours after last dose.*
- For weight greater than or equal to 120 kg, choose the following order.(NOTE)\*
- ☐ **+1 Hours** ceFAZolin  
3 g, IV Piggyback, IV Piggyback, q8h, Routine, (for 2 dose )  
*Comments: Time post op dose 8 hours after last dose.*
- ☐ **+1 Hours** vancomycin  
15 mg/kg, IV Piggyback, IV Piggyback, q12h, Routine, (for 1 dose )  
*Comments: Time post op dose 12 hours after last dose, MAX o*







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40 mg, Injection, IV Push, QDay, Routine

- ☐ metoclopramide

10 mg, Injection, IV Push, q6h, Routine

Comments: Change dose to 5mg for CrCl<40 mL/min

**K+ Supplementation w/o Renal Impairment**

Potassium less than or equal to 3.0(NOTE)\*

- ☐ Nursing Communication

T;N, Place order for Potassium Level 2 hours after completion of Potassium replacement. Continue replacement guidelines until potassium level is greater than or equal to 3.5 mmol/L.

- ☐ **+1 Hours** potassium chloride

60 mEq, IV Piggyback, IV Piggyback, prn, PRN Hypokalemia, Routine

Comments: Give if potassium level less than or equal to 3 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

Potassium between 3.1 - 3.5(NOTE)\*

- ☐ **+1 Hours** potassium chloride

40 mEq, IV Piggyback, IV Piggyback, prn, PRN Hypokalemia, Routine

Comments: Give if potassium level between 3.1 - 3.5 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

Potassium between 3.6 - 3.9(NOTE)\*

- ☐ **+1 Hours** potassium chloride

20 mEq, IV Piggyback, IV Piggyback, prn, PRN Hyperkalemia, Routine

Comments: Give if potassium level between 3.6 - 3.9 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

**Potassium Supplements (CrCl < 30mL/min)**

- ☐ Nursing Communication

T;N, Place order for Potassium Level 2 hours after completion of Potassium replacement. Continue replacement guidelines until potassium level is greater than or equal to 3.5 mmol/L.

Comments: Place order for Potassium Level 2 hours after completion of Potassium replacement. Continue replacement guidelines until potassium level is greater than or equal to 3.5 mmol/L.

Potassium less than or equal to 3.0(NOTE)\*

- ☐ **+1 Hours** potassium chloride

40 mEq, IV Piggyback, IV Piggyback, prn, PRN Hypokalemia, Routine

Comments: Give if potassium level less than or equal to 3 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

Potassium between 3.1 - 3.6(NOTE)\*

- ☐ **+1 Hours** potassium chloride

20 mEq, IV Piggyback, IV Piggyback, prn, PRN Hypokalemia, Routine

Comments: Give if potassium level between 3.1 - 3.6 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

**Mg+ Supplementation w/o Renal Impairment**

- ☐ Nursing Communication







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*T;N, Place order for Magnesium Level the morning after completion of Magnesium replacement.  
Continue replacement guidelines until magnesium level is greater than or equal to 1.8 mg/dL.*

Magnesium less 1mg/dL than to 1.5 mg/dL(NOTE)\*

- ☐ **+1 Days** magnesium sulfate

*4 g, IV Piggyback, IV Piggyback, prn, PRN Hypomagnesemia, Routine, ( infuse over 4 hr )*

*Comments: Give if magnesium level less than 1 mg/dL. Request dose from pharmacy.*

Magnesium between 1.6 - 1.8 mg/dL(NOTE)\*

- ☐ **+1 Hours** magnesium sulfate

*2 g, IV Piggyback, IV Piggyback, prn, PRN Hypomagnesemia, Routine, ( infuse over 2 hr )*

*Comments: Give if magnesium level between 1.6 - 1.8 mg/dL. Request dose from pharmacy.*

#### **Magnesium Supplements (CrCl < 30mL/min)**

- ☐ Nursing Communication

*T;N, Place order for Magnesium Level the morning after completion of Magnesium replacement.  
Continue replacement guidelines until magnesium level is greater than or equal to 1.8 mg/dL.*

Magnesium less than to 1 mg/dL(NOTE)\*

- ☐ **+1 Hours** magnesium sulfate

*4 g, IV Piggyback, IV Piggyback, prn, PRN Hypomagnesemia, Routine, ( infuse over 4 hr )*

*Comments: Give if magnesium level less than 1 mg/dL. Request dose from pharmacy.*

Magnesium between 1 - 1.6 mg/dL(NOTE)\*

- ☐ **+1 Hours** magnesium sulfate

*2 g, IV Piggyback, IV Piggyback, prn, PRN Hypomagnesemia, Routine, ( infuse over 2 hr )*

*Comments: Give if magnesium level between 1 - 1.6mg/dL. Request dose from pharmacy.*

#### **Laboratory**

- ☒ CBC w/o Diff

*STAT, T;N, once, Type: Blood*

- ☒ CMP

*STAT, T;N, once, Type: Blood*

- ☒ Magnesium Level

*STAT, T;N, once, Type: Blood*

- ☒ Phosphorus Level

*STAT, T;N, once, Type: Blood*

- ☒ PT/INR

*STAT, T;N, once, Type: Blood*

- ☒ Amylase Level

*STAT, T;N, once, Type: Blood*

- ☒ **+4 Hours** CBC w/o Diff

*Time Study, T;N+240, q4h x 24 hr, Type: Blood, Collection Comment: times 24 hours*

- ☒ **+4 Hours** BMP

*Time Study, T;N+240, q4h x 24 hr, Type: Blood, Collection Comment: times 24 hours*

- ☒ PT/INR

*Routine, T+1;0400, once, Type: Blood*





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☒ PTT

*Routine, T+1;0400, once, Type: Blood*

**Diagnostic Tests**

☒ Abd Sing AP VW

*T;N, Reason for Exam: Other, Enter in Comments, Stat  
Comments: Evaluate NGT placement.*

☒ Chest 1VW Frontal

*T;N, Stat*

☒ EKG

*Start at: T;N, Priority: Routine*

**Consults/Notifications/Referrals**

☐ Physician Consult

*Reason for Consult: Critical Care Management, Consult UT Pulmonary*

☐ Physician Consult

*Reason for Consult: Critical Care Management, Consult Mid-South Pulmonary*

☒ Physical Therapy Initial Eval and Tx

*Special Instructions: ROM/Strengthening/Endurance,*

☒ Occupational Therapy Initial Eval and Tx

*Special Instructions: ROM/Strengthening/Endurance,*

☒ Diabetic Teaching Consult

*Start at: T;N*

☒ Notify Physician For Vital Signs Of

*BP Systolic > 160, BP Systolic < 120, Celsius Temp > 38.5, Heart Rate > 100, Heart Rate < 50  
Comments: Notify physician for urine output less than 75 mL/hr for first 24 hours Postop then  
if urine output less than 50 mL/hr, Potassium less than 4 or greater than 5, HCT less than  
30%*

☒ Notify Physician-Once

*Notify For: For the need to use bisacodyl, second line rescue therapy, if no response to  
docusate-senna, first line rescue therapy within 24 hours after use for constipation.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
MD Number

**\*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



*Attach patient label here*



**Physician Orders ADULT: Vascular Surgery AAA Endovascular Post Op Plan**

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

