



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 is 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** 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*





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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*





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

**Respiratory Care**

- 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*

**Continuous Infusion**

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

- Dextrose 5% with 0.45% NaCl and KCl 20 mEq/L  
*20 mEq / 1,000 mL, Routine, 125 mL/hr*
- Sodium Chloride 0.9%  
*1,000 mL, IV, 125 mL/hr*
- Lactated Ringers Injection  
*1,000 mL, IV, 125 mL/hr*

**Medications**

- 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*

**Anti-infectives**

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 dose 2g*





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**Analgesics**

- +1 Hours** acetaminophen  
650 mg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine  
Comments: For temp greater than 38.5 Celsius. If unable to take PO medications
- +1 Hours** acetaminophen  
650 mg, Liq, Tube, q4h, PRN Pain, Mild or Fever, Routine, Not to exceed 4,000 mg acetaminophen in 24 hours.  
Comments: For temp greater than 38.5 Celsius

**Analgesics - Severe Pain**

- PCA - HYDRomorphone Protocol Plan (Adult)(SUB)\*
- PCA - MorPHINE Protocol Plan (Adult)(SUB)\*

**Bowel Management**

- +1 Hours** docusate-senna 50 mg-8.6 mg oral tablet  
2 tab, Tab, PO, bid, Routine  
Comments: Hold for loose stool or suspected obstruction. Use rescue therapy after first 48 hours if inadequate response to scheduled bowel management.
- +1 Hours** bisacodyl  
10 mg, Supp, PR, QDay, PRN Constipation, Routine  
Comments: Hold for loose stool. Use as second line rescue therapy if no response to first line rescue therapy within 24 hours

**Antiemetics**

- ondansetron  
4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine

**Antihypertensives**

- Order both nitroglycerin and esmolol drips for SBP greater than 160 mmHg(NOTE)\*
- +1 Hours** esmolol 2 g/NS infusion  
2 g / 100 mL, IV, Routine, titrate  
Comments: Administer via Central line only. Initial Rate: 50 mcg/kg/min; Titration Parameters: 50 mcg/kg/min as often as every 5 min to maintain SBP between 120 and 155 mmHg and heart rate < 70 beats/minute; Max Rate: 300 mcg/kg/min; Conc: 20 mg/mL BETA BLOCKER
- nitroGLYcerin 50 mg/D5W infusion  
50 mg / 250 mL, IV, Routine, titrate  
Comments: Initial Rate: 5mcg/min; Titration Parameters: 5mcg/min every 3 min to maintain SBP 120 to 155 mmHg. Max Rate: 200 mcg/min; Conc: 200 mcg/mL
- +1 Hours** labetalol  
10 mg, Injection, IV Push, q1h, PRN Other, specify in Comment, Routine  
Comments: SBP greater than 160 mmHg
- +1 Hours** metoprolol  
5 mg, Injection, IV Push, q6h, Routine  
Comments: Hold for heart rate less than 50 beats/minute or SBP less than 90 mmHg

**Gastric**

- +1 Hours** pantoprazole





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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.*

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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



*Attach patient label here*



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Rx - This component is a prescription

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

R-Required order

