



Physician Orders ADULT: Vascular Surgery Carotid Endarterectomy Post Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase
Phase: Post Carotid Endarterectomy PACU Phase, When to Initiate:_____
- ☐ Initiate Powerplan Phase
Phase: Carotid Endarterectomy Post Op Phase, When to Initiate:_____

Post Carotid Endarterectomy PACU Phase

Medications

- ☒ aspirin
300 mg, Supp, PR, once, Routine
Comments: Give in PACU

Laboratory

- ☒ BMP
STAT, T;N, once, Type: Blood
Comments: Draw in PACU
- ☒ CBC w/o Diff
STAT, T;N, once, Type: Blood
Comments: Draw in PACU

Carotid Endarterectomy 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, Telemetry: Telemetry
*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

Vital Signs

- ☒ Vital Signs w/Neuro Checks
Monitor and Record T,P,R,BP, every hour times 24 hr, then every 4 hours times 4, then every 8 hours

Activity

- ☒ Elevate Head Of Bed
30 degrees
- ☒ Out Of Bed
Up to chair
- ☒ Ambulate
QDay, Ambulate in hall daily, T+1;N





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Food/Nutrition

- ☐ NPO
Start at: T;N
- ☒ Clear Liquid Diet
Start at: T;N
- ☒ Advance Diet As Tolerated
to Regular diet, T+1;N

Patient Care

- ☒ Intake and Output
q8h(std), every hour times 4, then every 4 hours times 4 times 4, then every 8 hours
- ☐ Drain Care
q2h(std), Suction Type: Bulb
- ☒ Incentive Spirometry NSG
q2h-Awake
- ☒ Turn Cough Deep Breathe
q2h-Awake
- ☐ Incision Care
T+1;N
- ☒ Foley Insert-Follow Removal Protocol
Reason: Postop Surgery Less Than 24 Hrs Ago, to bedside gravity drainage
Comments: to bedside gravity drainage
- ☐ Remove Foley
Remove on arrival to unit
- ☒ In and Out Cath
q6h(std) hr, if unable to void

Nursing Communication

- ☒ Nursing Communication
Maintain Arterial Line

Respiratory Care

- ☒ Oxygen Saturation-Continuous Monitoring (RT)
T;N
- ☒ O2-Nasal Cannula
2 L/min, Special Instructions: titrate to keep O2 sat equal to or greater than 92%

Continuous Infusion

- ☐ Sodium Chloride 0.9%
1,000 mL, IV, Routine, 100 mL/hr
- ☐ Sodium Chloride 0.45%
1,000 mL, IV, Routine, 100 mL/hr
- ☐ Dextrose 5% with 0.45% NaCl
1,000 mL, IV, Routine, 100 mL/hr





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- ☐ 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; 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: 5 mcg/min; Titration Parameters: 5 mcg/min every 3 min to desired effect per MD orders; Max Rate: 200 mcg/min; Conc: 200 mcg/mL
- ☐ phenylephrine infusion (IVS)*
Normal Saline
250 mL, IV, Routine, titrate
Comments: Initial Rate: 50mcg/min; Titration Parameters 10 mcg/min as often as every 5 min to maintain SBP between 120 to 155 mmHg; Max Rate: 360 mcg/min; Conc: 200 mcg/mL
phenylephrine (additive)
50 mg

Medications

- ☐ **+1 Hours** VTE Other SURGICAL Prophylaxis Plan(SUB)*
- ☐ **+1 Hours** acetaminophen
650 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine
Comments: temp greater than 38.5 degrees Celsius. Not to exceed 4,000 mg acetaminophen in 24 hours.
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, PO, prn, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
2 tab, PO, q4h, PRN Pain, Severe (8-10), Routine
- ☐ **+1 Hours** metoprolol
5 mg, Injection, IV Push, q6h, PRN Hypertension, Routine
Comments: BETA BLOCKER For SBP >160mmHg, Hold for heart rate less than 50 beats/minute
- ☐ **+1 Hours** aspirin
81 mg, Chew tab, PO, QDay, Routine
- ☐ **+1 Hours** aspirin
325 mg, ER Tablet, PO, QDay, Routine
- ☐ **+1 Hours** clopidogrel
75 mg, Tab, PO, QDay, Routine
- ☐ **+1 Days** docusate
100 mg, Cap, PO, bid, Routine
- ☐ **+1 Hours** ondansetron
4 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine





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- ☐ **+1 Hours** atorvastatin
10 mg, Tab, PO, hs, Routine
- ☐ **+1 Hours** pravastatin
40 mg, Tab, PO, hs, Routine
- ☐ **+1 Hours** metoclopramide
5 mg, Injection, IV Push, q6h, PRN Nausea, Routine

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 Hypokalemia, 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.

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 < 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
T;N, Place order for Magnesium Level the morning after completion of Magnesium replacement.





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Continue replacement guidelines until magnesium level is greater than or equal to 1.8 mg/dL.

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

- ☐ **+1 Hours** magnesium sulfate

4 g, IV Piggyback, IV Piggyback, prn, PRN Hypomagnesemia, Routine, Infuse over 4 hrs

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 hrs

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 - 1.6 mg/dL. Request dose from pharmacy.

Laboratory

- ☒ CBC

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

- ☒ PT/INR

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

- ☒ BMP

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

- ☒ Magnesium Level

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

- ☒ Phosphorus Level

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

Diagnostic Tests

- ☒ EKG

Start at: T;N, Priority: Routine

Consults/Notifications/Referrals

- ☒ Notify Physician-Continuing

Symptomatic Change in Rhythm and or headache

- ☒ Notify Physician For Vital Signs Of

BP Systolic > 160, BP Diastolic > 100, BP Systolic < 100, BP Diastolic < 50, Celsius Temp > 38.5,

Heart Rate > 100, Heart Rate < 50, Resp Rate > 20, Urine Output < 30 mL/hr





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- ☒ Diabetic Teaching Consult
Start at: T;N
For patients at University(NOTE)*
- ☐ Physician Group Consult
Group: UTMP Pulmonary - AMB, Reason for Consult: Critical Care Management
For patients at Germantown(NOTE)*
- ☐ Physician Group Consult
Group: Methodist Germantown Hospitalist Group, Reason for Consult: Critical Care Management

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 sheet.

