

	e Orders Phase Sets/Protocols/PowerPlans					
	Initiate Powerplan Phase Phase: Vascular Surgery Cath Lab Post Procedure Phase, When to Initiate:					
	lar Surg Cath Lab Post Procedure Phasion/Transfer/Discharge	ase				
	Patient Status Initial Inpatient T;N Admitting Physician: Reason for Visit:					
	Bed Type: Care Team:		Specific Unit: _ _ Anticipated L	OS: 2 midnights or more		
	Patient Status Initial Outpatient T;N Attending Physician: Reason for Visit: Bed Type: Outpatient Status/Service: []	Ambulatory Surgery,	Specific Unit: _ [] OP Diagnos			
	[] OP OBSERVATION Services Return Patient to Room					
	T;N Notify Physician-Once					
	Notify For: room number on arrival to unit Discharge Patient Disposition: Home, after bedrest complete					
Vital S ☑		·	4 hr. then a 1 h	er times 4. then a 4 hr times 2		
Activit		4 00	,			
	Bedrest q2h(std) hr					
	Bedrest q3h(std), after sheath remove Bedrest	ed				
	q6h(std), after sheath remove Ambulate	ed				
l/N	after Bedrest complete					
Food/i	Nutrition Regular Adult Diet Start at: T;N					
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	ADA Consistent Carbohydrate Diet Start at: T;N				
Patient	·				
	Groin Check				
	Routine, q1h(std), For 4 hr, then q 4 hr times 4				
	Pedal Pulses Check Routine, q 15 min times 4 hr, then q 30 min times 4 hr, then q 1hr times 4, then q 4 hr times 2, then q 8 hr				
	Pedal Pulses Check q8h(std) hr, T+2;N				
	Check Pulses Routine, radial pulse bilateral, q 15 min times 4 hr, then q 30 min times 4 hr, then q 1hr times 4, then q 4 hr times 2, then q 8 hr				
	Check Pulses				
	Routine, radial pulse left, q 15 min times 4 hr, then q 30 min times 4 hr, then q 1hr times 4, then q 4 hr times 2, then q 8 hr				
	Check Pulses Routine, radial pulse right, q 15 min times 4 hr, then q 30 min times 4 hr, then q 1hr times 4, then q 4 hr times 2, then q 8 hr				
	Keep Affected Arm Straight For 6 hr, after sheath removed				
	Elevate Head Of Bed T;N				
	Weight Bearing Status T;N				
	Ankle Brachial Index Assess STAT - To be done by nursing upon return to inpatient unit.				
	Ankle Brachial Index Assess T+1;N, To be done by nursing in the morning of POD #1.				
	g Communication				
Ш	Nursing Communication				
Contin	Apply direct pressure as needed for hematoma or persistent bleeding and notify surgeon. uous Infusion				
	Post Cath/PCI Hydration Protocol Phase(SUB)*				
Medica					
	VTE Other SURGICAL Prophylaxis Plan(SUB)*				
П	+1 Hours aspirin 81 mg, Chew tab, PO, QDay, Routine				



	+1 Hours aspirin					
	325 mg, ER Tablet, PO, QDay, Routine					
Ш	+1 Hours clopidogrel 300 mg, Tab, PO, once, STAT					
	+1 Days clopidogrel					
	75 mg, Tab, PO, QDay, Routine					
	+1 Hours acetaminophen					
	650 mg, Tab, PO, q4h, PRN Other, specify in Comment, Routine Comments: For mild to moderate pain or fever					
	+1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet 2 tab, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine					
	+1 Hours acetaminophen-oxyCODONE 325 mg-5 mg oral tablet					
	2 tab, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine					
	+1 Hours oxyCODONE					
	10 mg, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine +1 Days 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 24					
	hours if inadequate response to scheduled bowel management.					
Ц	+1 Days polyethylene glycol 3350 17 g, Powder, PO, QDay, Constipation, Routine					
	Comments: Hold for loose stool. Use as first line rescue therapy if no response to scheduled docusate-senna within 24 hours					
	+1 Days 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 and notify Primary Team.					
Labora						
	BMP					
	STAT, T;N, once, Type: Blood					
	Magnesium Level					
	STAT, T;N, once, Type: Blood Phosphorus Level					
_	STAT, T;N, once, Type: Blood					
	CBC					
	STAT, T;N, once, Type: Blood					
	Platelet Count STAT, T;N, once, Type: Blood					
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	PTT					
П	DT/IND	STAT, T;N, once, Type: Blood				
Ш	PT/INR	STAT, T;N, once, Type: Blood				
	Platelet					
		STAT, T;N, once, Type: Blood				
Ш	BMP	Routine, T+1;0400, once, Type:	Blood			
	CBC	, , , , , , , , , , , , , , , , , , ,	2.000			
		Routine, T+1;0400, once, Type:	Blood			
	PT/INR	Routine, T+1;0400, once, Type:	Blood			
	Order if	not done within last 90 days(NOT				
Consu	ılte/Notifi	Routine, T+1;0400, once, Type: cations/Referrals	Blood			
2	Notify Physician For Vital Signs Of Notify: Physician, Heart Rate > 100, Heart Rate < 50, Blood Glucose < 40, Blood Glucose > 400					
	Notify Physician-Continuing Notify For: Hematoma or persistent bleeding, notify surgeon					
	Physical Therapy Wound Eval & Tx T:N					
☑	Notify Physician-Once For the need to use bisacodyl as second line rescue therapy, if no response to first line rescue					
	therapy within 24 hours after use for constipation.					
	Diabetic	Teaching Consult Start at: T;N				
	Cardiac	Rehab Consult/Doctor Order Reason: Cardiac Rehab Phase	l for ambulation			
	Cardiac	Rehab Consult/Doctor Order Reason: Phase II Post Discharg	e			
Date		Time	Physician's Signature	MD Number		
*Repo	rt Legend	d:				
		r sentence is the default for the se	elected order			
GUAL	- inis cor	mponent is a goal	1111			

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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 order

