



Physician Orders ADULT: Vascular Surgery Pre Op or Pre Cath Lab Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase

Phase: Vascular Surg PreOp or Pre Cath Lab Phase, When to Initiate: _____

Vascular Surg PreOp or Pre Cath Lab Phase

Admission/Transfer/Discharge

- ☐ Patient Status Initial Inpatient

T;N Admitting Physician: _____

Reason for Visit: _____

Bed Type: _____ Specific Unit: _____

Care Team: _____ Anticipated LOS: 2 midnights or more

- ☐ Patient Status Initial Outpatient

T;N Attending Physician: _____

Reason for Visit: _____

Bed Type: _____ Specific Unit: _____

Outpatient Status/Service: [] Ambulatory Surgery, [] OP Diagnostic Procedure

[] OP OBSERVATION Services

- ☐ Notify Physician-Once

Notify For: room number on arrival to unit

Vital Signs

- ☒ Vital Signs

q8h(std), measure BP on both arms on admission unless contraindicated

Activity

- ☒ Ambulate

T;N

Food/Nutrition

- ☐ Clear Liquid Diet

Adult (>18 years)

- ☐ NPO

Instructions: NPO except for medications

- ☐ NPO

Start at: T;2359

Patient Care

- ☒ O2 Sat Monitoring NSG

q8h(std)

- ☒ Void Prior To Procedure

Routine, On Call to Operating Room or Cath Lab

- ☒ Daily Weights

Routine, qEve

- ☒ Prep for Surgery/Delivery

T;2000, Routine, For 1 occurrence, chlorhexidine (Hibiclens) scrub to abdomen at 2000 evening before surgery





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- ☒ Prep for Surgery/Delivery
T+1;0530, Routine, For 1 occurrence, chlorhexidine (Hibiclens) scrub to abdomen at 0530 morning of surgery
- ☐ Central Line Care
T;N
- ☒ IV Insert/Site Care
Routine, q4day
- ☒ Consent Signed For
T;N
- ☒ Preop Clip Hair at Operative Site
bilateral groins

Nursing Communication

- ☐ Nursing Communication
Maintain Arterial Line
- ☐ Nursing Communication
Discontinue heparin on _____ at _____.
- ☐ Nursing Communication
Draw HCT 1 hour post infusion of PRBC's
- ☐ Nursing Communication
Draw Platelet count 1 hour post infusion of platelets
- ☐ Nursing Communication
Draw PT/INR count 1 hour post infusion of plasma

Respiratory Care

- ☐ Bedside Spirometry (Pulm Funct Test)
Routine once

Continuous Infusion

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

- ☐ Pre Cath/PCI Hydration Protocol Phase(SUB)*

Medications

- ☐ **+1 Hours** VTE Other SURGICAL Prophylaxis Plan(SUB)*

Surgical Prophylaxis

- ☐ **+1 Hours** cefuroxime
1.5 g, Injection, IV Push, OnCall, Routine, Reason for ABX: Prophylaxis
Comments: Give within 1hr prior to incision. To be given by OR Circulator
For weight less than 120 kg, choose the following order.(NOTE)*
- ☐ **+1 Hours** ceFAZolin
2 g, Injection, IV Piggyback, OnCall, Routine, Reason for ABX: Prophylaxis
Comments: Give within 1hr prior to incision. To be given by OR Circulator
For weight greater than or equal to 120 kg, choose the following order.(NOTE)*
- ☐ **+1 Hours** ceFAZolin
3 g, Injection, IV Piggyback, OnCall, Routine, Reason for ABX: Prophylaxis





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*Comments: Give within 1hr prior to incision. To be given by OR Circulator
MRSA/Documented History OR High Risk for MRSA (Implanted Device)(NOTE)**

- ☐ **+1 Hours** cefuroxime
1.5 g, Injection, IV Push, OnCall, Routine, Reason for ABX: Prophylaxis
Comments: Give within 1hr prior to incision. To be given by OR Circulator
- ☐ **+1 Hours** vancomycin
15 mg/kg, IV Piggyback, IV Piggyback, OnCall, Routine
*Comments: Give within 2hrs prior to incision. To be given by OR Circulator MAX dose 2g
Patients with Immediate/Severe Reaction to Penicillin or known Cephalosporin Allergy(NOTE)**
- ☐ **+1 Hours** vancomycin
15 mg/kg, IV Piggyback, IV Piggyback, OnCall, Routine
Comments: within 2hrs prior to incision. MAX dose 2g. To be given by OR Circulator
- ☐ **+1 Hours** heparin
5,000 units, Injection, Subcutaneous, OnCall, Routine
Comments: Give IntraOp
- ☐ **+1 Hours** acetaminophen
650 mg, Tab, PO, q4h, PRN Other, specify in Comment, Routine
Comments: Mild/Moderate pain or premedication for blood products
- ☐ **+1 Hours** acetaminophen
650 mg, Tab, PO, N/A, PRN Premedication for blood products, Routine
- ☐ **+1 Hours** predniSONE
50 mg, Tab, PO, q6h, Routine, (for 3 dose)
*Comments: First dose 13 hours prior procedure, 2nd dose 7 hours prior procedure, 3rd dose
1 hour prior to procedure, for Iodine or contrast allergy*
- ☐ **+1 Hours** diphenhydrAMINE
50 mg, Cap, PO, OnCall, Routine
Comments: 1 hour prior to procedure for Iodine or contrast allergy

Laboratory

- ☐ BMP
STAT, T;N, once, Type: Blood
- ☐ CBC w/o Diff
STAT, T;N, once, Type: Blood
- ☐ PT/INR
STAT, T;N, once, Type: Blood
- ☐ PTT
STAT, T;N, once, Type: Blood
- ☐ Magnesium Level
STAT, T;N, once, Type: Blood
- ☐ Phosphorus Level
STAT, T;N, once, Type: Blood
- ☐ Potassium Level





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Time Study, T+1;0500, once, Type: Blood

- ☐ Urinalysis w/Reflex Microscopic Exam
STAT, T;N, once, Type: Urine, Nurse Collect
Blood Products (NOTE)*
- ☐ Type and Crossmatch PRBC
Routine, T;N, Type: Blood
- ☐ Type and Screen
Routine, T;N, for OR, Type: Blood
- ☐ Hold PRBC
Routine, T;N, Reason: On Hold for OR
- ☐ Transfuse PRBC's - Not Actively Bleeding
Routine, T;N
- ☐ Hold Platelets
Routine, T;N, Reason: On Hold for OR
- ☐ Transfuse Platelets
Routine, T;N
- ☐ Hold Plasma
Routine, T;N, Reason: On Hold for OR
- ☐ Transfuse Plasma
Routine, T;N
- ☐ Cryoprecipitate Transfuse
Routine, T;N

Diagnostic Tests

- ☐ EKG
Start at: T;N, Priority: Routine, Reason: Other, specify, Pre-Op
Comments: Pre-op
- ☐ Chest 2 Views
T;N, Routine

Consults/Notifications/Referrals

- ☒ Notify Physician For Vital Signs Of
BP Systolic > 160, BP Diastolic > 100, BP Systolic < 90, BP Diastolic < 50, Celsius Temp > 38.5,
Heart Rate > 100, Heart Rate < 50, Urine Output < 30 mL.hr, Potassium level less than 3.2 or greater
than 6 mmol/L
- ☐ Physician Group Consult
Group: Medical Anesthesia Group, Reason for Consult: Regional Block
- ☐ Physician Consult
T;N
- ☐ Diabetic Teaching Consult
Start at: T;N





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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

Rx - This component is a prescription

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

R-Required order

