



Physician Orders ADULT: Vascular Surgery AAA Repair Open Post Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase
Phase: AAA Repair Open Postop Phase, When to Initiate: _____
- ☐ Initiate Powerplan Phase
Phase: Mechanically Ventilated Patients Phase, When to Initiate: _____

AAA Repair Open Postop Phase

Admission/Transfer/Discharge

- ☐ Return Patient to Room
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

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 hr times 4, then every 4 hr times 4, then every 8 hr.*
 - ☐ *popliteal pulse bilateral, every hr times 4, then every 4 hr times 4, then every 8 hr. every hr times 4, then every 4 hr times 4, then every 8 hr.*

Activity

- ☐ Bedrest
until AM
- ☒ Bedrest
For 6 hr
- ☒ Out Of Bed
Up to Chair, T+1;1000
- ☒ Ambulate
tid, T+1;N

Food/Nutrition

- ☒ NPO
Instructions: NPO except for medications
- ☐ NPO
Start at: T;N





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Patient Care

- ☒ Ankle Brachial Index Assess
to be done by nurse in STAT Postop, then q 4 hr times 4, then qday
- ☒ NGT
Suction Strength: Low Intermittent, To wall suction
- ☒ Incentive Spirometry NSG
q2h-Awake
- ☒ 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
Comments: Keep foley unless instructed.
- ☒ Daily Weights
q24h, T+1;0600
- ☐ Wound Drain Care
T;N
- ☒ 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 and check for vigorous ankle and leg movement between leg lifts every hour for 24 hours.

Respiratory Care

- ☒ 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





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

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

Medications

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

Anti-infectives

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

- ☐ **+1 Hours** ceFAZolin
2 g, IV Piggyback, IV Piggyback, q8h, Routine, (for 5 dose)
Comments: Time post op dose 8 hours after last dose.
- ☐ **+1 Hours** vancomycin
15 mg/kg, IV Piggyback, IV Piggyback, q12h, Routine, (for 2 dose), Time post op dose 12 hours after last dose,

Analgesics

- ☐ **+1 Hours** acetaminophen
650 mg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine
Comments: For temp greater than 38.5 Celsius
- ☐ **+1 Hours** acetaminophen
650 mg, Liq, Tube, q4h, PRN Pain, Mild or Fever, Routine
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 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 48 hours if inadequate response to scheduled bowel management.
- ☐ **+1 Days** polyethylene glycol 3350





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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

Antiemetics

☐ ondansetron

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

Antihypertensives

☐ **+1 Hours** esmolol 2 g/NS infusion

2 g / 100 mL, IV, Routine, titrate

Comments: Administer via Central line only. Initial Rate: 25 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 <70beats/minute; Max Rate: 300 mcg/kg/min; Conc: 20 mg/mL BETA BLOCKER

☐ **+1 Hours** 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: SBP greater than 160 mmHg

Gastric

☐ **+1 Hours** pantoprazole

40 mg, Injection, IV Push, QDay, Routine

☐ metoclopramide

5 mg, Injection, IV Push, q6h, 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.





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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
 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 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 1.6 - 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.





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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/kg, 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: 1 - 1.6 mg/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
Time Study, T;N+240, q4h x 24 hr, Type: Blood
- ☒ **+4 Hours** BMP
Time Study, T;N+240,, q4h x 24 hr, Type: Blood
- ☒ Magnesium Level
Routine, T+1;0400, once, Type: Blood
- ☒ Phosphorus Level
Routine, T+1;0400, once, Type: Blood
- ☒ PT/INR
Routine, T+1;0400, once, Type: Blood
- ☒ Lactate Level
Routine, T+1;0400, once, Type: Blood
- ☒ 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.





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- ☒ Abd Sing AP VW
*T+1;0800, Reason For Exam Other, Enter in Comments, Routine
Comments: Evaluate NGT placement.*
- ☒ Abd Sing AP VW
*T+2;0800, Reason For Exam Other, Enter in Comments, Routine
Comments: Evaluate NGT placement.*
- ☒ Chest 1VW Frontal
T;N, Stat
- ☒ Chest 1VW Frontal
T+1;0800, Reason for Exam: ET Tube Placement, Routine
- ☒ EKG
Start at: T;N, Priority: Routine

Consults/Notifications/Referrals

- ☐ 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
- ☐ 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,
Urine output less than 75 mL/hr for 1st 24 hr Postop then urine output less than 50 mL/hr, Potassium
less than 4 or greater than 5, HCT less than 30*

Mechanically Ventilated Patients Phase

Non Categorized

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

Patient Care

- ☒ Elevate Head Of Bed
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)**





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- ☐ 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
Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min
- ☐ pantoprazole
40 mg, Granule, NG, QDay, Routine
- ☐ **+1 Hours** pantoprazole





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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** 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 SAS not met in 6 hrs, call MD. Call MD is patient requires more than 20 mg/day.*

Sedation Vacation Daily

- ☒ Sedation Vacation





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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

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 order

