



Physician Orders ADULT: Vascular Surgery Lower Extremity Amputation or Bypass Graft PostOp Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase

Phase: Lower Ext Amputation or Bypass Phase, When to Initiate: _____

Lower Ext Amputation or Bypass 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

- ☐ Transfer Pt within current facility

T;N

- ☐ Return Patient to Room

T;N

- ☐ Notify Physician-Once

Notify For: of room number on arrival to unit

Vital Signs

- ☐ Vital Signs

Routine, q1h(std)

- ☐ Vital Signs

q1h(std), For 4 hr, then every 4 hr times 4, then every 8 hr

Activity

- ☐ Bedrest

T;N

- ☐ Up To Chair

T;N

- ☐ Up To Chair

T+1;N

- ☐ Ambulate

T+1;N

Food/Nutrition

- ☐ NPO

Instructions: NPO except for medications

- ☒ Clear Liquid Diet

Start at: T;N





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- ☒ Advance Diet As Tolerated
Advance to Regular Diet

Patient Care

- ☐ Pedal Pulses Check
Routine, q2h(std) For 48 hr, check via doppler q 2 hr times 12, then q 4 hr times 6, then q 8 hr
- ☐ Pedal Pulses Check
Routine, q8h(std), T+2;N
- ☐ Elevate
Area: Affected Extremity
- ☐ Trapeze Bar Apply
T;N
- ☐ Weight Bearing Status
T;N
- ☐ O2 Sat Monitoring NSG
q2h(std) For 4 hr, then q 4 hr times 4, then q 8 hr
- ☐ Cough and Deep Breathe
Routine, q1h-Awake
- ☐ Intake and Output
q1h(std)
- ☐ Intake and Output
q1h(std) For 4 hr, then q 8 hr
- ☐ Daily Weights
Routine, qEve
- ☒ Incentive Spirometry NSG
Routine, q1h-Awake
- ☐ Immobilizer Apply
T;N
- ☐ Ankle Brachial Index Assess
STAT - to be done by nursing on arrival to ICU
- ☐ Ankle Brachial Index Assess
T+1;N, to be done by nursing in the morning of POD #1
- ☐ Foley Insert-Follow Removal Protocol
Reason: Postop Surgery Less Than 24 Hrs Ago, to bedside gravity bag
- ☐ Remove Foley
Routine, T+2;N
- ☐ Wound Care
T;N

Respiratory Care

- ☒ Nasal Cannula
Special Instructions: Titrate oxygen to maintain O2 sat greater than or equal to 92%, T;N

Continuous Infusion





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- ☐ Sodium Chloride 0.9%
1,000 mL, IV, Routine, mL/hr
- ☐ D5 1/2NS
1,000 mL, IV, Routine, mL/hr
- ☐ Sodium Chloride 0.45%
1,000 mL, IV, Routine, mL/hr
- ☐ PCA - HYDROMORPHONE Protocol Plan (Adult)(SUB)*

Medications

- ☐ VTE Other SURGICAL Prophylaxis Plan(SUB)*
- ☐ **+1 Hours** metoprolol
5 mg, Injection, IV Push, q6h, PRN Hypertension, Routine
Comments: For SBP greater than 160 mmHg, Hold for heart rate less than 50 beats/minute
- ☐ **+1 Hours** aspirin
81 mg, Chew tab, PO, QDay, Routine
- ☐ **+1 Hours** aspirin
325 mg, DR Tablet, PO, QDay, Routine
- ☐ **+1 Hours** clopidogrel
75 mg, Tab, PO, QDay, Routine
- ☐ **+1 Hours** atorvastatin
10 mg, Tab, PO, hs, Routine
- ☐ **+1 Hours** atorvastatin
20 mg, Tab, PO, hs, Routine
- ☐ **+1 Hours** pravastatin
40 mg, Tab, PO, hs, Routine
- ☐ **+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.
- Select ONE of the following orders for MODERATE pain.(NOTE)*
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
- ☐ acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7)
- ☐ **+1 Hours** oxyCODONE
5 mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
- Select ONE of the following orders for SEVERE pain.(NOTE)*
- ☐ **+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





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Potassium Supplements

For potassium level less than or equal to 3.0 mmol/L(NOTE)*

- ☐ **+1 Hours** potassium chloride
60 mEq, IV Piggyback, IV Piggyback, once, PRN Other, specify in Comment, Routine
Comments: Give for K level less than or equal to 3.0 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

For potassium level less than or equal to 3.1 - 3.5 mmol/L(NOTE)*

- ☐ **+1 Hours** potassium chloride
40 mEq, IV Piggyback, IV Piggyback, once, PRN Other, specify in Comment
Comments: Give for K level between 3.1-3.5 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

For potassium level less than or equal to 3.6 - 3.9 mmol/L(NOTE)*

- ☐ **+1 Hours** potassium chloride
20 mEq, IV Piggyback, IV Piggyback, once, PRN Other, specify in Comment, Routine
Comments: Give for K level between 3.6 - 3.9 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

- ☐ Nursing Communication
T;N, Draw Potassium level 2 hours after K supplementation administered

Potassium Supplements (CrCl < 30mL/min)

For potassium level less than or equal to 3.0 mmol/L(NOTE)*

- ☐ **+1 Hours** potassium chloride
40 mEq, IV Piggyback, IV Piggyback, once, PRN Other, specify in Comment, Routine
Comments: Give for K level less than or equal to 3.0 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

For potassium level between 3.1 - 3.6 mmol/L(NOTE)*

- ☐ **+1 Hours** potassium chloride
20 mEq, IV Piggyback, IV Piggyback, once, PRN Other, specify in Comment, Routine
Comments: Give for K level between 3.1 - 3.6 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

- ☐ Nursing Communication
T;N, Draw Potassium level 2 hours after K supplementation administered

Magnesium Supplements

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 hr)
Comments: Give if magnesium level less than 1 mg/dL. Request dose from pharmacy.

For magnesium level 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

- ☐ Nursing Communication
T;N, Draw Magnesium level AM following completion of magnesium infusion

Magnesium Supplements (CrCl < 30mL/min)

For magnesium level less than 1 mg/dL(NOTE)*





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- ☐ **+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
 For magnesium level 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.
- ☐ Nursing Communication
T;N, Draw Magnesium level AM following completion of magnesium infusion
- ☐ ondansetron
4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, 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.
- ☐ **+1 Days** polyethylene glycol 3350
17 g, Powder, PO, QDay, PRN 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.

Laboratory

- ☒ BMP
STAT, T;N, once, Type: Blood
- ☒ CBC
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
- ☒ BMP
Routine, T+1;0400, once, Type: Blood
- ☒ CBC
Routine, T+1;0400, once, Type: Blood
- ☒ PT/INR
Routine, T+1;0400, once, Type: Blood





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- ☒ PTT
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

Consults/Notifications/Referrals

- ☒ 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, Urine Output < 30 mL/hr, Any change in pulse examination
- ☒ Notify Physician-Once
Notify For: For the need to use bisacodyl, second line rescue therapy, if no response to first line rescue therapy within 24 hours after use for constipation., T;N
- ☐ Physician Group Consult
Group: Methodist Germantown Hospitalist Group
- ☐ Physician Group Consult
Consult UT Critical Care Team
- ☐ Physician Consult
T;N
- ☒ Physical Therapy Wound Eval & Tx
T;N
- ☒ Physical Therapy Initial Eval and Tx
Special Instructions: ROM/Strengthening/Endurance,
- ☐ Diabetic Teaching Consult
Start at: T;N
- ☐ Cardiac Rehab Consult/Doctor Order
Reason: Cardiac Rehab Phase I for ambulation
- ☐ Cardiac Rehab Consult/Doctor Order
Reason: Phase II Post Discharge

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

