**Physician Orders**

**Care Set: Carotid Perc Angio w/Stent Placement Post Proc Orders**

[X or R] = will be ordered unless marked out.

T= Today; N = Now (date and time ordered)

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**Height:** ___________ cm  **Weight:** ___________ kg

**Allergies:**

- [ ] No known allergies

- [ ] Medication allergy(s):

- [ ] Latex allergy

- [ ] Other:

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**Admission/Transfer/Discharge**

- [ ] Return Patient to Room T;N

- [ ] Transfer Patient T;N

- [ ] Notify Physician-Once T;N, Notify of room number upon admission

**Primary Diagnosis:**

**Secondary Diagnosis:**

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**Vital Signs**

- [ ] Vital Signs w/Neuro Checks T;N, Monitor and Record T,P,BP, w/neuro checks q15min for 1 hr, then q30min for 2hr, then q1h until stable, then routine

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**Activity**

- [ ] Bedrest T;N, for 6 hours post sheath removal then up ad lib.

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**Food/Nutrition**

- [ ] Force Fluids T;N, force PO fluids

- [ ] Full Liquid Diet Start at: T;N

- [ ] American Heart Association Diet (AHA Diet) Start at: T;N

- [ ] 1800 Calorie ADA Diet

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**Patient Care**

- [X] Nursing Communication T;N, No heparin through sheath

**NOTE:** If patient has sheath order the following:

- [ ] Sheath Remove T;N, Special Instructions: when ACT <180 sec

- [ ] Sheath Remove T;N, Special Instructions: when ACT <210 sec

- [ ] Sheath Remove T;N Routine, Special Instructions: pull sheath 2 hours after Angiomax discontinued.

- [ ] Vascular Compression Apply T;N, Method: Femostop

- [ ] Vascular Compression Apply T;N, Method: C-Clamp

- [ ] Groin Check T;N,q15min,For 1 hr,then q30min for 2hr, then q1h until stable, then routine

- [ ] Groin Check T;N,Routine,q15min,For 1 hr,after sheath removal, then q30min for 2hr, then PRN

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**Continuous Infusions**

- [ ] Sodium Chloride 0.9% 500 mL, IV, STAT, ( 1 dose ), 1,000 mL/hr, Bolus

- [ ] Sodium Chloride 0.9% 1,000 mL, IV, Routine, 75 mL/hr

- [X] Sodium Chloride 0.45% 1,000 mL, IV, Routine, 75 mL/hr

- [ ] Dextrose 5% with 0.45% NaCl 1,000 mL, IV, Routine, 75 mL/hr

- [ ] Dextrose 5% in Water 1,000 mL, IV, Routine, 75 mL/hr

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**Medications**

- [ ] clopidogrel 300 mg, Tab, PO, once, Routine, T;N

- [ ] clopidogrel 75 mg, Tab, PO, qam, Routine, T;N

- [ ] aspirin 81 mg, EC Tablet, PO, QDay, Routine, T;N

- [ ] aspirin 325 mg, EC Tablet, PO, QDay, Routine, T;N

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**Consults/Notifications**

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**Date** | **Time** | **Physician's Signature** | **MD Number**
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CARD CAROTID PERC ANGIO w/ STENT POST PROC 20410-QM-1108

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