



attach patient label here

Physician Orders ADULT

PowerPlan: Vascular Surgery Pre Procedure Plan

[R] = will be ordered

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

**Allergies:**  No known allergies

Medication allergy(s): \_\_\_\_\_

Latex allergy  Other: \_\_\_\_\_

**Admission/Transfer/Discharge**

Patient Status Initial **Outpatient** **Attending Physician:** \_\_\_\_\_

**Outpatient Status/Service:**  OP-Ambulatory  OP-Diagnostic Procedure  OP-Observation Services

**NOTE to MD:**

**Initial status – inpatient** --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.

**Initial Status Outpatient – Ambulatory surgery** – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery.

- Routine recovery after outpatient surgery is estimated at 6-8 hours.
- “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.
- For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”.
- Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.

**Initial status Outpatient -Observation Services** – Short term treatment, assessment and reassessment - estimate discharge within 24 hours

- In some cases (for Medicare patients), this can be extended to 48 hours.
- Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.

Notify physician once T;N, of room number on arrival to unit

Primary Diagnosis:

Secondary Diagnosis:

**Vital Signs**

Vital Signs T;N, Routine Monitor and Record T,P,R,BP

**Activity**

Activity As Tolerated T;N, Up As Tolerated

Bedrest T;N, Routine

**Food/Nutrition**

NPO T;N,

**Patient Care**

Consent Signed For T;N, Procedure \_\_\_\_\_, Performing MD \_\_\_\_\_,

**Continuous Infusions**

D5 1/2 NS KCL 20 mEq/L 1,000 mL, IV, Routine, T;N, 75 mL/hr,

Sodium Chloride 0.9% 1,000 mL, IV, Routine, T;N, 75 mL/hr

Sodium Chloride 0.45% 1,000 mL, IV, Routine, T;N, 20 mL/hr





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Medications		
<b>NOTE: Order either ceFAZolin OR cefuroxime AND vancomycin below</b>		
<b>NOTE: if patient is &gt; 120 kg, order 3 grams of ceFAZolin</b>		
[ ]	ceFAZolin	2 g, IV Piggyback, IV Piggyback, N/A, Routine, Comment: Start no earlier than one hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding.
[ ]	ceFAZolin	3 g, IV Piggyback, IV Piggyback, N/A, Routine, ( 1 dose ), start no earlier than 1 hr prior to incision, Comment: start no earlier than one hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding.
<b>OR</b>		
	cefuroxime (Zinacef)	1.5 g, IV Piggyback, IV Piggyback, N/A, Routine, Comment: Start no earlier than one hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding
<b>AND</b>		
[ ]	vancomycin	15mg/kg, IV Piggyback, IV Piggyback, N/A, Routine, ( infuse over 1 hr ), Comment: start no earlier than 2 hours prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding. <b>Max Dose= 2Gm</b>
<b>Note: If documented beta-lactam allergy, order vancomycin alone:</b>		
[ ]	vancomycin	15 mg/kg, IV Piggyback, IV Piggyback, N/A, Routine, ( 1 dose ), start no earlier than 2 hrs prior to incision, Comment: start no earlier than 2 hours prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding. <b>Max Dose= 2Gm</b>
Laboratory		
[ ]	CBC	STAT, T;N, Type: Blood
[ ]	BMP	STAT, T;N, Type: Blood
[ ]	PT/INR	STAT, T;N, Type: Blood
[ ]	APTT	STAT, T;N, Type: Blood
[ ]	Pregnancy Screen Serum	STAT, T;N, Type: Blood
[ ]	Type and Crossmatch PRBC	STAT, T;N, Type: Blood
[ ]	Transfuse PRBC not actively bleeding	STAT, T;N, Reason for Transfusion _____, Transfusion Date Expected _____ Units: 1
[ ]	Transfuse PRBC actively bleeding	STAT, T;N, Reason for Transfusion _____, Transfusion Date Expected _____ Units: 2
Diagnostic Tests		
[ ]	Chest 2VW Frontal & Lat	T;N, Stat, Stretcher, Reason for Exam _____
[ ]	EKG	T;N, Stat, Reason for Exam _____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
MD Number