Physician Orders ADULT: Post Carotid Endarterectomy Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase

Post Carotid Endarterectomy Phase
Admission/Transfer/Discharge
- Return Patient to Room
- Transfer Pt within current facility
- Notify Physician-Once

Vital Signs
- Vital Signs w/Neuro Checks
  Monitor and Record T,P,R,BP, q1h(std)
- Hemodynamic Parameters
  BP Systolic < 140

Activity
- Bedrest
  bedrest (non-ambulatory)
- Elevate Head Of Bed
  T;N,30 degrees
- Out Of Bed
  Up Ad Lib
- Out Of Bed
  Up To Chair, with meals
- Ambulate
  QDay, Ambulate in hall daily

Food/Nutrition
- NPO
- Clear Liquid Diet
  Start at: T;N
- Regular Adult Diet
- Consistent Carbohydrate Diet
- AHA Diet
- Renal Diet On Dialysis
- Renal Diet Not On Dialysis
- Combination Diet
  T;N, (Choose up to 3) __________, Insulin:____________________, Renal:____________________
- Low Sodium Diet
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Patient Care

☐ Intake and Output
  q8h (std), Strict I & O

☐ O2 Sat Monitoring NSG
  q1h (std), use 2L O2 prn for sat less than 95%

☐ Drain Care
  q-shift, measure and record drain output q shift.

☐ INT Insert/Site Care

☐ IV Insert/Site Care

☐ Sequential Compression Device Apply
  T:N, Apply to Lower Extremities

☐ VTE SURGICAL Prophylaxis Plan(SUB)*

Continuous Infusion

☐ Sodium Chloride 0.9%
  1,000 mL, IV, Routine, mL/hr

☐ Sodium Chloride 0.45%
  1,000 mL, IV, Routine, mL/hr

Medications

☐ aspirin
  81 mg, DR Tablet, PO, once, STAT

☐ aspirin
  81 mg, DR Tablet, PO, QDay, Routine

☐ aspirin
  325 mg, DR Tablet, PO, once, STAT

☐ aspirin
  325 mg, DR Tablet, PO, QDay, Routine

☐ clopidogrel
  300 mg, Tab, PO, once, STAT

☐ clopidogrel
  75 mg, Tab, PO, QDay, Routine

☐ docusate
  100 mg, Cap, PO, bid, Routine

☐ ondansetron
  4 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine

☐ acetaminophen
  650 mg, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine

☐ acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
  1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
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☐ morphine
  4 mg, Injection, IV Push, q1h, Pain, Moderate (4-7), Routine
  Comments: Second choice agent, use PO first.

☐ acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
  2 tab, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine

☐ HYDROmorphine
  1 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine
  Comments: Second choice agent, use PO first.

Laboratory
☐ CBC
  STAT, T;N, once, Type: Blood

☐ BMP
  STAT, T;N, once, Type: Blood

☐ PT
  STAT, T;N, once, Type: Blood

☐ PTT
  STAT, T;N, once, Type: Blood

☐ CBC
  Routine, T+1;0400, once, Type: Blood

☐ BMP
  Routine, T+1;0400, once, Type: Blood

☐ PT
  Routine, T+1;0400, once, Type: Blood

☐ PTT
  Routine, T+1;0400, once, Type: Blood

Consults/Notifications/Referrals
☐ Notify Resident-Continuing
  Notify Who: Resident, Notify For: any changes in neuro exam, excessive bleeding from site or hematoma formation

☐ Notify Physician-Continuing
  Notify Who: ____________, Notify For: any changes in neuro exam, excessive bleeding from site or hematoma formation

☐ Consult Case Management
  Routine, Reason for Consult: ______________________________

☐ Consult Medical Social Work
  Reason for Consult: ______________________________

☐ Physical Therapy Initial Eval and Tx
  T+1;0800

☐ Occupational Therapy Initial Eval and Tx
  T+1;0800
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☐ Speech Therapy Initial Eval and Tx
  T+1;0800, Reason for Exam:____________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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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