Physician Orders ADULT: Carotid Perc Angio w/Stent Placement Pre Proc Plan

Initiate Powerplan Phase
Care Sets/Protocols/PowerPlans

☐ Initiate Powerplan Phase
  Phase: Carotid Perc Angio w/Stent Placement Pre Proc Phase, When to Initiate: ______________________

Carotid Perc Angio w/stent Placement Pre Proc Phase
Non Categorized
  Documentation of surgical indications required(NOTE)*
  R  Pre-Procedure Surgical Indications-Carotid Stent
  T;N

Admission/Transfer/Discharge
At this time, all Medicare carotid stent procedures should be initial Status Inpatient.(NOTE)*

☐ 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 Admitting Physician: ____________________________________________
  Reason for Visit: ____________________________________________________
  Bed Type: ___________________________ Specific Unit: __________________
  Care Team: ___________________________ Anticipated LOS: 2 midnights or more

☐ Notify Physician-Once
  Notify: physician, Notify For: of room number upon admission

Food/Nutrition

☐ NPO
  Instructions: NPO except for medications

☐ NPO
  Instructions: NPO except for medications
  Comments: after clear liquid breakfast

☐ NPO
  Instructions: NPO except for medications
  Comments: after regular breakfast

Patient Care

☐ Consent Signed For
  Procedure: carotid percutaneous angioplasty with possible stent placement

Nursing Communication

☐ Nursing Communication
  If patient on Heparin, DC heparin on call to Cath lab
Physician Orders ADULT: Carotid Perc Angio w/Stent Placement Pre Proc Plan

☐ Nursing Communication
   *If patient on enoxaparin, DC after last PM dose*

Continuous Infusion
☐ Sodium Chloride 0.45%
   1,000 mL, IV, Routine, 75 mL/hr
☐ D5 1/2NS
   1,000 mL, IV, Routine, 75 mL/hr

Medications
☐ +1 Hours diphenhydRAMINE
   50 mg, Cap, PO, OnCall, Routine
☐ clopidogrel
   75 mg, Tab, PO, once, STAT
   NOTE: If not previously given within last 24 hours, order one below(NOTE)*
☐ +1 Hours aspirin
   81 mg, DR Tablet, PO, QDay
☐ +1 Hours aspirin
   325 mg, DR Tablet, PO, QDay

________________  ____________  ______________________
Date                  Time                     Physician’s Signature                    MD Number

*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