Physician Orders ADULT: Thorocotomy/Lobectomy PostOp Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

☑ Initiate Powerplan Phase
  Phase: Thorocotomy/Lobectomy Phase, When to Initiate: _________________________

☐ Initiate Powerplan Phase
  Phase: Mechanically Ventilated Patients (Vent Bundle) Phase, When to Initiate: __________

Thorocotomy/Lobectomy PostOp Phase
Non Categorized

☐ Add To Problem List
  Problem: S/P lobectomy of lung

☐ Add To Problem List

Admission/Transfer/Discharge

☐ Return Patient to Room

☐ Transfer Pt within current facility

☐ Notify Physician-Once
  Notify: physician, Notify For: room number on arrival to unit

Vital Signs

☑ Vital Signs Per Unit Protocol
  Monitor and Record Blood Pressure
  Monitor and Record Resp Rate
  Monitor and Record Pulse, CVICU routine

☑ Vital Signs
  Monitor and Record Temp, q4h(std)

☐ CVP Monitoring
  q2h(std)

Activity

☐ Out Of Bed
  Up To Chair, tid

Food/Nutrition

☐ NPO

☐ Clear Liquid Diet
  Start at: T;N

Patient Care

☑ Incision Care
  bid

☐ Chest Tube Care
  Suction Strength: Low Continuous, To Suction At: -20cm, water seal

☑ Intake and Output
  q2h(std)

☑ Incentive Spirometry NSG
  q1h-Awake

Nursing Communication

☐ Nursing Communication
  hold heparin until cleared with surgeon

Respiratory Care

NOTE: If a mechanical ventilator is needed please order the Mechanically Ventilated Patient Phase (Vent Bundle Phase) in this Plan. (NOTE)*

☐ Ventilator Weaning Trial Postop by RT
  Special Instructions: wean per RT postop policy

☐ Weaning Protocol-Ventilator
  Special Instructions: wean per respiratory Post op weaning protocol
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- **O2 Sat-Continuous Monitoring (RT)**
  - q4h(std)

- **O2-Nasal Cannula**
  - 2 L/min, Special Instructions: titrate to keep O2 sat >= 92%

**Continuous Infusion**

- **Sodium Chloride 0.45% with KCl 20 mEq (IVS)**
  - Sodium Chloride 0.45%
  - 1,000 mL, IV, Routine, 100 mL/hr
  - potassium chloride
  - 20 mEq, EB

- **D5 1/2 NS KCl 20 mEq/L**
  - 1,000 mL, IV, Routine, 75 mL/hr

- **Nitroprusside infusion (IVS)**
  - Dextrose 5% in Water
  - 250 mL, IV, Routine, titrate
  - Comments: Initial Rate: 0.3 mcg/kg/min; Titration Parameters: 0.5 mcg/kg/min as often as every 5 min to desired effect per MD orders; Max Rate: 10 mcg/kg/min; Conc: 200 mcg/mL

- **PCA - HYDROMorphone Protocol Plan (Adult) (SUB)**

- **PCA - MorPHINE Protocol Plan (Adult) (SUB)**

**Medications**

- **VTE Other SURGICAL Prophylaxis Plan (SUB)**

- **+1 Hours** acetaminophen-oxycODONE 325 mg-5 mg oral tablet
  - 1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine (DEF)
  - 1 tab, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine

- **+1 Hours** famotidine
  - 20 mg, Tab, PO, bid, Routine

- **+1 Hours** docusate
  - 100 mg, Cap, PO, bid, Routine

- **+1 Hours** Zinacef
  - 1.5 g, IV Piggyback, IV Piggyback, q8h, Routine, (for 3 dose)

- **+1 Hours** vancomycin
  - 1 g, IV Piggyback, IV Piggyback, q12h, Routine, (for 2 occurrence)

- **+1 Hours** ceFAZolin
  - 1 g, Injection, IV Push, q8h, Routine, (for 3 dose)
  - Comments: x 3 doses

- **+1 Hours** acetaminophen
  - 650 mg, Tab, PO, q6h, PRN Fever, Routine
  - Comments: For Temp > 38.3 degC

- **+1 Hours** ondansetron
  - 4 mg, Injection, IV Push, q6h, PRN Nausea, Routine

- **+1 Hours** LORazepam
  - 1 mg, Tab, PO, q6h, PRN Anxiety, Routine

**Laboratory**

- **Hct**
  - STAT, T;N, once, Type: Blood

- **BMP**
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- STAT, T;N, once, Type: Blood
- PT/INR, STAT, T;N, once, Type: Blood
- PTT, STAT, T;N, once, Type: Blood
- CBC, Routine, T+1:0400, Type: Blood
- CMP, Routine, T+1:0400, Type: Blood
- Magnesium Level, Routine, T+1:0400, Type: Blood
- Renal Function Panel, Routine, T+1:0400, Type: Blood

**Diagnostic Tests**

- Chest 1 View
  - T;N, Reason For Exam Other, Enter in Comments, Other reason: Line Placement, Stat, Portable
- Chest 1 View
  - T+1:0400, Routine, Portable
- EKG
  - Start at: T+1:0800, Priority: Routine
  - Comments: Postop Day 2

**Consults/Notifications/Referrals**

- Consult MD
  - Reason for Consult: pulmonary
- Notify Physician-Continuing
  - Notify: Surgeon, Notify For: if CVP >20
- Notify Physician-Continuing
  - Notify: Surgeon/Resident, Notify For: chest tube drainage >100mL/hr x 2 hours
- Consult MD
  - Reason for Consult: Internal Medicine-medical management
- Consult MD
  - Reason for Consult: Cardiology-arrhythmias

**Mechanically Ventilated Patients Phase**

**Non Categorized**

- Mechanically Ventilated Pt (Vent Bundle) Care Track
  - T;N

**Patient Care**

- Elevate Head Of Bed
  - 30 degrees or greater if systolic blood pressure is greater than 95 mmHg
- Reposition ETT (Neg)
  - QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.
- ETT Subglottic Suction
  - Low Continuous, 20mmHg, Applies to ETT with the Hi-Lo suction capability. (DEF)*
  - Low Intermittent, 40mmHg, Applies to ETT with the Hi-Lo suction capability.
  - Low Intermittent, 60mmHg, Applies to ETT with the Hi-Lo suction capability.
  - Low Intermittent, 80mmHg, Applies to ETT with the Hi-Lo suction capability.
  - Low Intermittent, 100mmHg, Applies to ETT with the Hi-Lo suction capability.
  - Low Intermittent, 120mmHg, Applies to ETT with the Hi-Lo suction capability.
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- **Mouth Care**
  - Routine, q2h(std)

- **Nursing Communication**
  - Call MD if higher than any of the following maximum doses of medications is required. LORazepam 6 mg in 3 hours, Fentanyl 500 mcg/hr, propofol 100 mcg/kg/min, midazolam 7mg/hr

- **Nursing Communication**
  - If SAS goal not met in 6 hours, call MD for further orders

- **Nursing Communication**
  - If receiving haloperidol, patient must be on cardiac monitor - call MD for QTc prolongation greater than or equal to 500 msecs and HOLD haloperidol

- **Nursing Communication**
  - Once SAS goal is met initially reassess and document SAS score q2hrs

- **Nursing Communication**
  - If the patient is on sedation medication other than propofol, begin turning off the sedation medications at 8am for the sedation vacation process

- **Nursing Communication**
  - Notify Respiratory for Weaning Assessment at 8am if a Vacation Sedation is initiated,

**Respiratory Care**

- **Mechanical Ventilation**
  - Reposition ETT (Nsg)
    - QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.

**Medications**

- **+1 Hours**
  - Docusate
    - 100 mg, Liq, NG, bid, Routine
    - Comments: HOLD for diarrhea

- **+1 Hours**
  - Famotidine
    - 20 mg, Tab, NG, bid, Routine
    - Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min

- **+1 Hours**
  - Famotidine
    - 20 mg, Injection, IV Push, bid, Routine
    - Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min

- **+1 Hours**
  - Pantoprazole
    - 40 mg, Granule, NG, QDay, Routine

- **+1 Hours**
  - Pantoprazole
    - 40 mg, Injection, IV Push, QDay, Routine

- **+1 Hours**
  - Chlorhexidine For Mouthcare 0.12% Liq
    - 15 mL, Liq, Mucous Membrane, bid, Routine
    - Comments: For mouthcare at 0800 and 2000.

- **VTE MEDICAL Prophylaxis Plan(SUB)**
- **VTE SURGICAL Prophylaxis Plan(SUB)**
- **Sequential Compression Device Apply**
  - T:N, Apply to Lower Extremities

**Sedation**

- Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)*
- Choose Sedation Goal per Riker Sedation Agitation Scale (SAS) Goal of 3-4 recommended (NOTE)*

- **Sedation Goal per Riker Scale**
  - **Goal: 3 (Sedated) (DEF)**
  - **Goal: 4 (Calm/Cooperative)**

- **Propofol Orders Plan(SUB)**
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☐ +1 Hours LORazepam
   1 mg, Injection, IV Push, q30min, PRN Other, specify in Comment, Routine
   Comments: To maintain SAS goal (Maximum of 6 mg in a 3 hr period). If patient is over-sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.

☐ +1 Hours midazolam
   1 mg, Injection, IV Push, q1h, PRN Other, specify in Comment, Routine
   Comments: To maintain SAS goal. If patient is over-sedated, hold until SAS goal achieved. Call MD if patient requires more than 20 mg/day.

☐ +1 Hours midazolam 1mg/mL/NS 50 mL PreMix
   50 mg / 50 mL, IV, Routine, titrate
   Comments: Initiate at 1 mg/hr. Titrate by 0.5mg/hr every 15 minutes until SAS goal achieved. Maximum dose 7 mg/hr

☐ +1 Hours dexmedetomidine infusion (ICU Sedation) (IVS)*
   Sodium Chloride 0.9%
   100 mL, IV, (for 72 hr ), Titrate
   Comments: Concentration: 4 mcg/mL Initiate infusion at 0.2 mcg/kg/hr. Titrate by 0.1 mcg/kg/hr every 30 minutes to reach goal sedation of Riker 3-4. DO NOT BOLUS dose at any time. DO NOT TITRATE MORE FREQUENTLY THAN EVERY 30 MIN.
   dexmedetomidine (additive)
   400 mcg

**Pain Management**

Choose one of the orders below. morPHINE is not recommended if creatinine clearance is less than 50 mL/min, in liver failure or SBP less than 90mmhg or MAP less than 65 mmhg.(NOTE)*

☐ +1 Hours morphine
   2 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine

☐ +1 Hours HYDROMorphone
   0.5 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine

☐ +1 Hours morphine
   4 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10), Routine

☐ +1 Hours HYDROMorphone
   1 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10)

☐ +1 Hours fentaNYL 10 mcg/mL in NS infusion
   2,500 mcg / 250 mL, IV, Routine, Titrate
   Comments: Concentration 10 mcg/mL
   Initial Rate: 50 mcg/hr; Titration Parameters: 50 mcg/hr every 10 min to SAS goal per MD orders. Max Rate: 500 mcg/hr

**Refractory Agitation**

Place order below for agitation that persists despite adequate sedation & analgesia. Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)*

☐ +1 Hours haloperidol
   2 mg, Injection, IV Push, q1h, PRN Agitation, Routine
   Comments: Cardiac monitor required. *If Qtc greater than 500 msec, hold haloperidol. *If SAS not met in 6 hrs, call MD. Call MD is patient requires more than 20 mg/day.

**Sedation Vacation Daily**

☑ Sedation Vacation
   qam, see Order Comment: T;N
   Comments: For patients receiving continuous infusions, lighten/discontinue sedation and pain medications at 0800 daily (or more often as indicated by MD(required by nsg unit) until the patient is awake, can follow commands, or until they become uncomfortable or agitated. Resume sedation infusion at 1/2 the previous rate and re-titrate to SAS goal. If SAS goal still
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achieved without active therapy, do not restart sedation. If patient becomes agitated, resume sedation infusion at 1/2 the previous rate & re-tritrate to SAS goal (document on the nursing flow sheet)

☑ Ventilator Weaning Trial Medical by RT

Consults/Notifications/Referrals

☑ Notify Physician-Continuing

 Notify: MD, Notify For: QTc prolongation on cardiac monitor greater than or equal to 500msecs and HOLD haloperidol

_________________________________   _________________________   ______________________________________  __________
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