Physician Orders ADULT: Vascular Surgery Lower Extremity Amputation or Bypass Graft PostOp Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
  □ Initiate Powerplan Phase
    Phase: Lower Ext Amputation or Bypass Phase, When to Initiate: _______________________

Lower Ext Amputation or Bypass Phase
Admission/Transfer/Discharge
  □ 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 Attending Physician: ________________________________
    Reason for Visit: ______________________________________
    Bed Type: ___________________________ Specific Unit: __________
    Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
    [ ] OP OBSERVATION Services

  □ Transfer Pt within current facility
    T;N

  □ Return Patient to Room
    T;N

  □ Notify Physician
    Notify Once
    Notify For: of room number on arrival to unit

Vital Signs
  □ Vital Signs
    Routine, q1h(std)

  □ Vital Signs
    q1h(std), For 4 hr, then every 4 hr times 4, then every 8 hr

Activity
  □ Bedrest
    T;N

  □ Up To Chair
    T;N

  □ Up To Chair
    T+1;N

  □ Ambulate
    T+1;N

Food/Nutrition
  □ NPO
    Instructions: NPO except for medications

  □ Clear Liquid Diet
    Start at: T;N
Physician Orders ADULT: Vascular Surgery Lower Extremity Amputation or Bypass Graft PostOp Plan

☑️ Advance Diet As Tolerated
  "Advance to Regular Diet"

Patient Care

☐ Pedal Pulses Check
  "Routine, q2h(std) For 48 hr, check via doppler q 2 hr times 12, then q 4 hr times 6, then q 8 hr"

☐ Pedal Pulses Check
  "Routine, q8h(std), T+2;N"

☐ Elevate
  "Area: Affected Extremity"

☐ Trapeze Bar Apply
  "T;N"

☐ Weight Bearing Status
  "T;N"

☐ O2 Sat Monitoring NSG
  "q2h(std) For 4 hr, then q 4 hr times 4, then q 8 hr"

☐ Cough and Deep Breathe
  "Routine, q1h-Awake"

☐ Intake and Output
  "q1h(std)"

☐ Intake and Output
  "q1h(std) For 4 hr, then q 8 hr"

☐ Daily Weights
  "Routine, qEve"

☐ Incentive Spirometry NSG
  "Routine, q1h-Awake"

☐ Immobilizer Apply
  "T;N"

☐ Ankle Brachial Index Assess
  "STAT - to be done by nursing on arrival to ICU"

☐ Ankle Brachial Index Assess
  "T+1;N, to be done by nursing in the morning of POD #1"

☐ Foley Insert-Follow Removal Protocol
  "Reason: Postop Surgery Less Than 24 Hrs Ago, to bedside gravity bag"

☐ Remove Foley
  "Routine, T+2;N"

☐ Wound Care
  "T;N"

Respiratory Care

☐ Nasal Cannula
  "Special Instructions: Titrate oxygen to maintain 02 sat greater than or equal to 92%, T;N"

Continuous Infusion
Physician Orders ADULT: Vascular Surgery Lower Extremity Amputation or Bypass Graft PostOp Plan

- Sodium Chloride 0.9%
  - 1,000 mL, IV, Routine, mL/hr
- D5 1/2NS
  - 1,000 mL, IV, Routine, mL/hr
- Sodium Chloride 0.45%
  - 1,000 mL, IV, Routine, mL/hr
- PCA - HYDROmorphine Protocol Plan (Adult)(SUB)*

Medications

- VTE Other SURGICAL Prophylaxis Plan(SUB)*
- **+1 Hours** metoprolol
  - 5 mg, Injection, IV Push, q6h, PRN Hypertension, Routine
  - Comments: For SBP greater than 160 mmHg, Hold for heart rate less than 50 beats/minute
- **+1 Hours** aspirin
  - 81 mg, Chew tab, PO, QDay, Routine
- **+1 Hours** aspirin
  - 325 mg, DR Tablet, PO, QDay, Routine
- **+1 Hours** clopidogrel
  - 75 mg, Tab, PO, QDay, Routine
- **+1 Hours** atorvastatin
  - 10 mg, Tab, PO, hs, Routine
- **+1 Hours** atorvastatin
  - 20 mg, Tab, PO, hs, Routine
- **+1 Hours** pravastatin
  - 40 mg, Tab, PO, hs, Routine
- **+1 Hours** acacetaminophen
  - 650 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine
  - Comments: temp greater than 38.5 degrees Celsius. Not to exceed 4,000 mg acetaminophen in 24 hours.
  - Select ONE of the following orders for MODERATE pain.(NOTE)*
- **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
  - 1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
- acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
  - 1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7)
- **+1 Hours** oxyCODONE
  - 5 mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
  - Select ONE of the following orders for SEVERE pain.(NOTE)*
- **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
  - 2 tab, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine
- acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
  - 2 tab, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine
- **+1 Hours** oxyCODONE
  - 10 mg, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine
Physician Orders ADULT: Vascular Surgery Lower Extremity Amputation or Bypass Graft PostOp Plan

**Potassium Supplements**
For potassium level less than or equal to 3.0 mmol/L (NOTE)*

- **+1 Hours** potassium chloride
  - 60 mEq, IV Piggyback, IV Piggyback, once, PRN Other, specify in Comment, Routine
  - Comments: Give for K level less than or equal to 3.0 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

For potassium level less than or equal to 3.1 - 3.5 mmol/L (NOTE)*

- **+1 Hours** potassium chloride
  - 40 mEq, IV Piggyback, IV Piggyback, once, PRN Other, specify in Comment
  - Comments: Give for K level between 3.1-3.5 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

For potassium level less than or equal to 3.6 - 3.9 mmol/L (NOTE)*

- **+1 Hours** potassium chloride
  - 20 mEq, IV Piggyback, IV Piggyback, once, PRN Other, specify in Comment
  - Comments: Give for K level between 3.6-3.9 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

**Nursing Communication**
T;N, Draw Potassium level 2 hours after K supplementation administered

**Potassium Supplements (CrCl < 30mL/min)**
For potassium level less than or equal to 3.0 mmol/L (NOTE)*

- **+1 Hours** potassium chloride
  - 40 mEq, IV Piggyback, IV Piggyback, once, PRN Other, specify in Comment
  - Comments: Give for K level less than or equal to 3.0 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

For potassium level between 3.1 - 3.6 mmol/L (NOTE)*

- **+1 Hours** potassium chloride
  - 20 mEq, IV Piggyback, IV Piggyback, once, PRN Other, specify in Comment
  - Comments: Give for K level between 3.1-3.6 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.

**Nursing Communication**
T;N, Draw Potassium level 2 hours after K supplementation administered

**Magnesium Supplements**
Magnesium less than 1 mg/dL to 1.5 mg/dL (NOTE)*

- **+1 Hours** magnesium sulfate
  - 4 g, IV Piggyback, IV Piggyback, prn, PRN Hypomagnesemia, Routine, (infuse over 4 hr)
  - Comments: Give if magnesium level less than 1 mg/dL. Request dose from pharmacy.

For magnesium level between 1.6 - 1.8 mg/dL (NOTE)*

- **+1 Hours** magnesium sulfate
  - 2 g, IV Piggyback, IV Piggyback, prn, PRN Hypomagnesemia, Routine, (infuse over 2 hr)
  - Comments: Give if magnesium level between 1.6 – 1.8 mg/dL. Request dose from pharmacy

**Nursing Communication**
T;N, Draw Magnesium level AM following completion of magnesium infusion

**Magnesium Supplements (CrCl < 30mL/min)**
For magnesium level less than 1 mg/dL (NOTE)*
Physician Orders ADULT: Vascular Surgery Lower Extremity Amputation or Bypass Graft PostOp Plan

☐ **+1 Hours** magnesium sulfate
   4 g, IV Piggyback, IV Piggyback, prn, PRN Hypomagnesemia, Routine, (infuse over 4 hr)
   Comments: Give if magnesium level less than 1 mg/dL. Request dose from pharmacy
   For magnesium level between 1 - 1.6 mg/dL (NOTE)*

☐ **+1 Hours** magnesium sulfate
   2 g, IV Piggyback, IV Piggyback, prn, PRN Hypomagnesemia, Routine, (infuse over 2 hr)
   Comments: Give if magnesium level between 1 – 1.6 mg/dL. Request dose from pharmacy.

☐ Nursing Communication
   T;N, Draw Magnesium level AM following completion of magnesium infusion

☐ ondansetron
   4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine

☐ **+1 Days** docusate-senna 50 mg-8.6 mg oral tablet
   2 tab, Tab, PO, bid, Routine
   Comments: Hold for loose stool or suspected obstruction. Use rescue therapy after first 24 hours if inadequate response to scheduled bowel management.

☐ **+1 Days** polyethylene glycol 3350
   17 g, Powder, PO, QDay, PRN Constipation, Routine
   Comments: Hold for loose stool. Use as first line rescue therapy if no response to scheduled docusate-senna within 24 hours

☐ **+1 Days** bisacodyl
   10 mg, Supp, PR, QDay, PRN Constipation, Routine
   Comments: Hold for loose stool. Use as second line rescue therapy if no response to first line rescue therapy within 24 hours.

Laboratory

☐ BMP
   STAT, T;N, once, Type: Blood

☐ CBC
   STAT, T;N, once, Type: Blood

☐ PT/INR
   STAT, T;N, once, Type: Blood

☐ PTT
   STAT, T;N, once, Type: Blood

☐ Magnesium Level
   STAT, T;N, once, Type: Blood

☐ Phosphorus Level
   STAT, T;N, once, Type: Blood

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

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

☐ PT/INR
   Routine, T+1;0400, once, Type: Blood
Physician Orders ADULT: Vascular Surgery Lower Extremity Amputation or Bypass Graft PostOp Plan

- PTT
  - Routine, T+1;0400, once, Type: Blood
- Magnesium Level
  - Routine, T+1;0400, once, Type: Blood
- Phosphorus Level
  - Routine, T+1;0400, once, Type: Blood

Consults/Notifications/Referrals
- Notify Physician For Vital Signs Of
  - BP Systolic > 160, BP Diastolic > 100, BP Systolic < 100, BP Diastolic < 50, Celsius Temp > 38.5, Heart Rate > 100, Heart Rate < 50, Urine Output < 30 mL/hr, Any change in pulse examination
- Notify Physician-Once
  - Notify For: For the need to use bisacodyl, second line rescue therapy, if no response to first line rescue therapy within 24 hours after use for constipation., T;N
- Physician Group Consult
  - Group: Methodist Germantown Hospitalist Group
- Physician Consult
  - Consult UT Critical Care Team
- Physician Consult
  - T;N
- Physical Therapy Wound Eval & Tx
  - T;N
- Physical Therapy Initial Eval and Tx
  - Special Instructions: ROM/Strengthening/Endurance,
- Diabetic Teaching Consult
  - Start at: T;N
- Cardiac Rehab Consult/Doctor Order
  - Reason: Cardiac Rehab Phase I for ambulation
- Cardiac Rehab Consult/Doctor Order
  - Reason: Phase II Post Discharge

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

*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