



### Physician Orders ADULT: Transcatheter Aortic Valve Replacement (TAVR) Post Op Plan

#### Initiate Orders Phase

##### Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase  
*Phase: Transcatheter Aortic Valve Replacement (TAVR) Phase, When to Initiate: \_\_\_\_\_*
- Initiate Powerplan Phase  
*Phase: Post Cath/PCI Hydration Protocol Phase, When to Initiate: Other-See Special Instructions, When patient arrives in Post Cath Recovery area,*
- R Powerplan Open

#### Transcatheter Aortic Valve Replacement P

##### Admission/Transfer/Discharge

If considering changing the STATUS then use the Case Management Consult order below in the consult section.(NOTE)\*

- Return Patient to Room
- Patient Status Change
- Discharge Patient
- Notify Physician-Once  
*Notify For: room number upon admission*

##### Vital Signs

- Vital Signs  
*Monitor and Record Pulse | Resp Rate | Blood Pressure, q15min, For 4 occurrence, then q30 min X 2 occurrence, then routine. Complete distal pulse checks with vital signs. Post TAVR Procedure*
- Vital Signs-Post Sheath Removal  
*Monitor and Record Blood Pressure | Resp Rate | Pulse, q15min, For 4 occurrence, then q30 min X 2 occurrences, then q1hr x 4 occurrences. Complete distal pulse checks with vital signs. Start upon sheath removal.*
- Neurochecks  
*q15min For 4 occurrence, then q1hr x 4, then q4hr x 4 then per unit routine.*

##### Activity

- Bedrest  
*For 6 hr, Strict, for 6 hrs post sheath removal with affected extremity straight*
- Up To Chair  
*tid, post sheath removal with meals*
- Out Of Bed  
*Up As Tolerated, 6hrs post sheath removal. Okay for patient to ambulate.*
- Up  
*Up Ad Lib, tid, Starting POD # 1*
- Ambulate  
*tid, As tolerated, starting POD #1.*

##### Food/Nutrition

- Advance Diet As Tolerated  
*Advance Diet as tolerated: NPO to Regular*  
*Comments: Nurse will call physician when pt. is tolerating original diet and Nurse will enter*





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*the new diet.*

- Regular Adult Diet
- Consistent Carbohydrate Diet
- Low Salt Diet
- American Heart Association Diet
- Dysphagia Diet
- Clear Liquid Diet
- Renal Diet On Dialysis
- Renal Diet Not On Dialysis
- NPO

**Patient Care**

- Incentive Spirometry NSG  
*q1h(std), while awake*
- Groin Check  
*Routine, q15min, For 1 hr*
- Groin Check  
*Routine, q30min, For 2 hr, T;N+60*
- Groin Check  
*Routine, q1h(std), Until stable, T;N+180*
- Groin Check  
*Routine, After patient stable, do routine groin checks, T;N+180*
- For cath patients without sheaths, uncheck the Sheath Remove order under Patient Care.(NOTE)\*  
If patient has sheath order the following:(NOTE)\*
- Sheath Remove  
*Special Instructions: Check ACT every 1 hour, Remove Sheath when ACT is less than 180 sec.*
- ACT Bedside-NSG  
*q1h(std), until less than 180 sec, then may discontinue this order*
- ACT- LR POC- Nsg  
*until less than 180 sec, then may discontinue this order*
- ACT- Plus POC- Nsg
- Instruct/Educate  
*Instruct: Patient and Family, Topic: TAVR, Krames*
- Smoking Cessation Advice/Counseling
- Transradial Band Instructions  
*POST TAVR Procedure: After 90 minutes, release 2mL of air from the R-Band every 10 mins until the balloon is deflated. If bleeding occurs at all during the process, inject air to restore hemostasis. Wait 30mins and then start process again.*
- If Transradial band is used, place orders for Cath Site Checks below.(NOTE)\*
- Check Cath Site  
*Routine, q15min, For 1 hr, check radial site*
- Check Cath Site





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- Routine, q30min, For 2 hr, check radial site, T;N+60*  
Check Cath Site
- Routine, q1h(std), until stable. Check radial site*  
Check Cath Site
- Routine, After patient stable, do routine radial site checks, T;N+180*  
Chest Tube Care
- QDay, Change dressings. Start 48 hours post-op., T+2;0800*  
Incision Care
- Routine, Keep original dressing intact (reinforce as needed) for first 48hrs.*  
Incision Care
- If bleeding from incision (s), apply manual pressure to site until bleeding stops. If unsuccessful, notify physician.*  
Dressing Care
- Routine, Action: Change, PRN, Change incision dressing daily if applicable. Start 48 hours post-op., T+2;0800*  
Elevate Head Of Bed
- 30 degrees Elevate no more than 30 degrees*

**Nursing Communication**

- Nursing Communication  
*For TAVR Post Procedure Plan: Give patient or family member information and ID card from device manufacturer, including closure device if used.*

**Medications**

- +1 Hours** acetaminophen  
*650 mg, Tab, PO, q6h, PRN Pain, Mild or Fever, Routine*  
For sheath removal, order one of the following below.(NOTE)\*
- +1 Hours** morphine  
*2 mg, Injection, IV Push, once, Routine*  
*Comments: For sheath removal.*
- OR(NOTE)\*
- +1 Hours** HYDROMORPHONE  
*0.5 mg, Injection, IV Push, once, Routine*  
*Comments: For sheath removal.*
- +1 Hours** oxyCODONE  
*5 mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine*
- +1 Hours** ondansetron  
*4 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine*
- +1 Hours** atropine  
*1 mg, Injection, IV Push, once, PRN Bradycardia, Symptomatic, Routine*  
*Comments: HR less than 50.*
- +1 Hours** Maalox Advanced Maximum Strength  
*30 mL, Oral Susp, PO, q4h, PRN Indigestion, Routine*
- +1 Hours** aspirin





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81 mg, DR Tablet, PO, QDay, Routine

- +1 Days** clopidogrel  
75 mg, Tab, PO, QDay, Routine  
Comments: Start Post Op Day 1.

- +1 Hours** hydrALAZINE  
10 mg, Injection, IV Push, q4h, PRN Other, specify in Comment, Routine  
Comments: For sustained Systolic BP greater than 150 mmhg.

- VTE SURGICAL Prophylaxis Plan(SUB)\*
- Insulin STANDARD Sliding Scale Plan(SUB)\*

**Laboratory**

- BMP  
Routine, T+1;0400, once, Type: Blood
- Magnesium Level  
Routine, T+1;0400, once, Type: Blood
- CBC  
Routine, T+1;0400, once, Type: Blood

**Diagnostic Tests**

- EKG  
Start at: T;N, Priority: Routine, Reason: Arrhythmia/Dysrhythmia, Upon arrival to unit unless pt. has a permanent pacemaker.
- EKG  
Start at: T;N+1, Priority: Routine, Reason: Arrhythmia/Dysrhythmia, Post Op Day 1, unless pt. has a permanent pacemaker.
- Chest 2VW Frontal & Lat  
T;N+1, Routine  
Comments: Post Op Day 1
- TTE Adult  
Start at: T;N+1, Reason: Other, specify, Other reason: S/P TAVR procedure, f/u Implanted device (prosthetic) valve., Transport: Stretcher, Patient to be transported to lab to perform test.

**Consults/Notifications/Referrals**

- Notify Physician-Once  
Notify: performing MD, Notify For: if patient has symptomatic bradycardia requiring atropine
- Case Management Consult  
Routine, Assist with PATIENT STATUS CHANGE order.
- Case Management Consult  
Routine, Resume Home Health/Home Health post discharge
- Cardiac Rehab Consult/Doctor Order

**Post Cath/PCI Hydration Protocol Phase**

**Non Categorized**

DO NOT resume ACE/ARB until 48 hours post TAVR,(NOTE)\*  
MONITOR Serum Creatinine at 24 hours and 48 hours post TAVR,(NOTE)\*  
NO other contrast procedures within 72 hours of TAVR(NOTE)\*

**Continuous Infusion**





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NORMAL Renal Function (GFR greater than 60 mL/min).(NOTE)\*

- Sodium Chloride 0.9%  
1,000 mL, IV, 1.5 mL/kg/hr  
*Comments: Infuse at 1.5 mL/kg/hr post procedure until discharge OR for a MAXIMUM of 4 hours.*

IMPAIRED Renal Function (GFR less than 60 mL/min and greater than 30 mL/min).(NOTE)\*

- Sodium Chloride 0.9%  
1,000 mL, IV, 0.75 mL/kg/hr  
*Comments: Infuse at 0.75 mL/kg/hr post procedure until discharge OR for a MAXIMUM of 4 hours.*

**Laboratory**

- Creatinine  
*Routine, T+1;0400, once, Type: Blood*
- Creatinine  
*Routine, T+2;0400, once, Type: Blood*

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Date	Time	Physician's Signature	MD Number
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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

