Physician Orders ADULT: Vascular Surgery Carotid Endarterectomy Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
   *Phase: Post Carotid Endarterectomy PACU Phase, When to Initiate:_________________
☐ Initiate Powerplan Phase
   *Phase: Carotid Endarterectomy Post Op Phase, When to Initiate:_________________

Post Carotid Endarterectomy PACU Phase
Medications
☑ aspirin
   300 mg, Supp, PR, once, Routine
   Comments: Give in PACU

Laboratory
☑ BMP
   STAT, T;N, once, Type: Blood
   Comments: Draw in PACU
☐ CBC w/o Diff
   STAT, T;N, once, Type: Blood
   Comments: Draw in PACU

Carotid Endarterectomy Post Op Phase
Admission/Transfer/Discharge
☐ Return Patient to Room
   T;N
   For patients at University.(NOTE)*
☐ Transfer Pt within current facility
   *Level of Care: Critical Care, To SICU, Telemetry: Telemetry
   For patients at Germantown(NOTE)*
☐ Transfer Pt within current facility
   *Level of Care: Critical Care, To CVICU
☐ Notify Physician-Once
   Notify For: room number upon arrival to unit

Vital Signs
☑ Vital Signs w/Neuro Checks
   Monitor and Record T,P,R,BP, every hour times 24 hr, then every 4 hours times 4, then every 8 hours

Activity
☑ Elevate Head Of Bed
   30 degrees
☑ Out Of Bed
   Up to chair
☑ Ambulate
   QDay, Ambulate in hall daily, T+1;N
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Food/Nutrition
- ☐ NPO
  - Start at: T;N
- ☑ Clear Liquid Diet
  - Start at: T;N
- ☑ Advance Diet As Tolerated
  - to Regular diet, T+1;N

Patient Care
- ☑ Intake and Output
  - q8h(std), every hour times 4, then every 4 hours times 4 times 4, then every 8 hours
- ☑ Drain Care
  - q2h(std), Suction Type: Bulb
- ☑ Incentive Spirometry NSG
  - q2h-Awake
- ☑ Turn Cough Deep Breathe
  - q2h-Awake
- ☑ Incision Care
  - T+1;N
- ☑ Foley Insert-Follow Removal Protocol
  - Reason: Postop Surgery Less Than 24 Hrs Ago, to bedside gravity drainage
  - Comments: to bedside gravity drainage
- ☐ Remove Foley
  - Remove on arrival to unit
- ☑ In and Out Cath
  - q6h(std) hr, if unable to void

Nursing Communication
- ☑ Nursing Communication
  - Maintain Arterial Line

Respiratory Care
- ☑ Oxygen Saturation-Continuous Monitoring (RT)
  - T;N
- ☑ O2-Nasal Cannula
  - 2 L/min, Special Instructions: titrate to keep O2 sat equal to or greater than 92%

Continuous Infusion
- ☐ Sodium Chloride 0.9%
  - 1,000 mL, IV, Routine, 100 mL/hr
- ☐ Sodium Chloride 0.45%
  - 1,000 mL, IV, Routine, 100 mL/hr
- ☐ Dextrose 5% with 0.45% NaCl
  - 1,000 mL, IV, Routine, 100 mL/hr
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- esmolol 2 g/NS infusion
  2 g / 100 mL, IV, Routine, titrate
  Comments: Administer via Central line only. Initial Rate: 50 mcg/kg/min; Titration Parameters: 50 mcg/kg/min as often as every 5 min to maintain SBP between 120 and 155 mmHg; Max Rate: 300 mcg/kg/min; Conc: 20 mg/mL BETA BLOCKER

- nitroGLYcerin 50 mg/D5W infusion
  50 mg / 250 mL, IV, Routine, titrate
  Comments: Initial Rate: 5 mcg/min; Titration Parameters: 5 mcg/min every 3 min to desired effect per MD orders; Max Rate: 200 mcg/min; Conc: 200 mcg/mL

- phenylephrine infusion (IVS)*
  Normal Saline
  250 mL, IV, Routine, titrate
  Comments: Initial Rate: 50mcg/min; Titration Parameters 10 mcg/min as often as every 5 min to maintain SBP between 120 to 155 mmHg; Max Rate: 360 mcg/min; Conc: 200 mcg/mL
  phenylephrine (additive)
  50 mg

Medications
- +1 Hours VTE Other SURGICAL Prophylaxis Plan(SUB)*
- +1 Hours acetaminophen
  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.

- +1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
  1 tab, PO, prn, PRN Pain, Moderate (4-7), Routine

- +1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
  2 tab, PO, q4h, PRN Pain, Severe (8-10), Routine

- +1 Hours metoprolol
  5 mg, Injection, IV Push, q6h, PRN Hypertension, Routine
  Comments: BETA BLOCKER For SBP >160mmHg, Hold for heart rate less than 50 beats/minute

- +1 Hours aspirin
  81 mg, Chew tab, PO, QDay, Routine

- +1 Hours aspirin
  325 mg, ER Tablet, PO, QDay, Routine

- +1 Hours clopidogrel
  75 mg, Tab, PO, QDay, Routine

- +1 Days docusate
  100 mg, Cap, PO, bid, Routine

- +1 Hours ondansetron
  4 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine
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- **+1 Hours** atorvastatin
  10 mg, Tab, PO, hs, Routine

- **+1 Hours** pravastatin
  40 mg, Tab, PO, hs, Routine

- **+1 Hours** metoclopramide
  5 mg, Injection, IV Push, q6h, PRN Nausea, Routine

**K+ Supplementation w/o Renal Impairment**

Potassium less than or equal to 3.0(NOTE)*

- Nursing Communication
  
  *T;N, Place order for Potassium Level 2 hours after completion of Potassium replacement. Continue replacement guidelines until potassium level is greater than or equal to 3.5 mmol/L.*

- **+1 Hours** potassium chloride
  60 mEq, IV Piggyback, IV Piggyback, prn, PRN Hypokalemia, Routine
  
  *Comments: Give if potassium level less than or equal to 3 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.*

Potassium between 3.1 - 3.5(NOTE)*

- **+1 Hours** potassium chloride
  40 mEq, IV Piggyback, IV Piggyback, prn, PRN Hypokalemia, Routine
  
  *Comments: Give if potassium level between 3.1 - 3.5 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.*

Potassium between 3.6 - 3.9(NOTE)*

- **+1 Hours** potassium chloride
  20 mEq, IV Piggyback, IV Piggyback, prn, PRN Hypokalemia, Routine
  
  *Comments: Give if potassium level between 3.6 - 3.9 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.*

**Potassium Supplements (CrCl < 30mL/min)**

- Nursing Communication
  
  *T;N, Place order for Potassium Level 2 hours after completion of Potassium replacement. Continue replacement guidelines until potassium level is greater than or equal to 3.5 mmol/L.*

Potassium less than or equal to 3.0(NOTE)*

- **+1 Hours** potassium chloride
  40 mEq, IV Piggyback, IV Piggyback, prn, PRN Hypokalemia, Routine
  
  *Comments: Give if potassium level < or equal to 3 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.*

Potassium between 3.1 - 3.6(NOTE)*

- **+1 Hours** potassium chloride
  20 mEq, IV Piggyback, IV Piggyback, prn, PRN Hypokalemia, Routine
  
  *Comments: Give if potassium level between 3.1 - 3.6 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy.*

**Mg+ Supplementation w/o Renal Impairment**

- Nursing Communication
  
  *T;N, Place order for Magnesium Level the morning after completion of Magnesium replacement.*
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Continue replacement guidelines until magnesium level is greater than or equal to 1.8 mg/dL.
Magnesium less than 1mg/dL to 1.5 mg/dL(NOTE)*

☐ +1 Hours magnesium sulfate
4 g, IV Piggyback, IV Piggyback, prn, PRN Hypomagnesemia, Routine, Infuse over 4 hrs
Comments: Give if magnesium level less than 1 mg/dL. Request dose from pharmacy.
Magnesium 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 hrs
Comments: Give if magnesium level between 1.6 - 1.8 mg/dL. Request dose from pharmacy.

Magnesium Supplements (CrCl < 30mL/min)

☐ Nursing Communication
T;N, Place order for Magnesium Level the morning after completion of Magnesium replacement.
Continue replacement guidelines until magnesium level is greater than or equal to 1.8 mg/dL.
Magnesium less than to 1 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.
Magnesium 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.

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

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

☐ BMP
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

Diagnostic Tests
☐ EKG
Start at: T;N, Priority: Routine

Consults/Notifications/Referrals
☐ Notify Physician-Continuing
Symptomatic Change in Rhythm and or headache

☐ 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, Resp Rate > 20, Urine Output < 30 mL/hr

Surgeon's Signature: __________________________
Date: ____________________
Time: ____________________
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☑ Diabetic Teaching Consult
   Start at: T;N
   For patients at University(NOTE)*

☐ Physician Group Consult
   Group: UTMP Pulmonary - AMB, Reason for Consult: Critical Care Management
   For patients at Germantown(NOTE)*

☐ Physician Group Consult
   Group: Methodist Germantown Hospitalist Group, Reason for Consult: Critical Care Management

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 sheet.