Physician Orders ADULT: Vascular Surgery Pre Op or Pre Cath Lab Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
  Phase: Vascular Surg PreOp or Pre Cath Lab Phase, When to Initiate: ________________

Vascular Surg PreOp or Pre Cath Lab 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

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

Vital Signs

- Vital Signs
  q8h(std), measure BP on both arms on admission unless contraindicated

Activity

- Ambulate
  T;N

Food/Nutrition

- Clear Liquid Diet
  Adult (>18 years)
- NPO
  Instructions: NPO except for medications
- NPO
  Start at: T;2359

Patient Care

- O2 Sat Monitoring NSG
  q8h(std)
- Void Prior To Procedure
  Routine, On Call to Operating Room or Cath Lab
- Daily Weights
  Routine, qEve
- Prep for Surgery/Delivery
  T;2000, Routine, For 1 occurrence, chlorhexidine (Hibiclens) scrub to abdomen at 2000 evening before surgery
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- Prep for Surgery/Delivery
  T+1:0530, Routine, For 1 occurrence, chlorhexidine (Hibiclens) scrub to abdomen at 0530 morning of surgery
- Central Line Care
  T;N
- IV Insert/Site Care
  Routine, q4day
- Consent Signed For
  T;N
- Preop Clip Hair at Operative Site
  bilateral groins

Nursing Communication
- Nursing Communication
  Maintain Arterial Line
- Nursing Communication
  Discontinue heparin on __________ at __________.
- Nursing Communication
  Draw HCT 1 hour post infusion of PRBC’s
- Nursing Communication
  Draw Platelet count 1 hour post infusion of platelets
- Nursing Communication
  Draw PT/INR count 1 hour post infusion of plasma

Respiratory Care
- Bedside Spirometry (Pulm Funct Test)
  Routine once

Continuous Infusion
- If potassium level greater than or equal to 5 mmol/L, do not order potassium chloride in IV fluids((NOTE)*
- Pre Cath/PCI Hydration Protocol Phase(SUB)*

Medications
- +1 Hours VTE Other SURGICAL Prophylaxis Plan(SUB)*
  Surgical Prophylaxis
- +1 Hours cefuroxime
  1.5 g, Injection, IV Push, OnCall, Routine, Reason for ABX: Prophylaxis
  Comments: Give within 1hr prior to incision. To be given by OR Circulator
  For weight less than 120 kg, choose the following order.(NOTE)*
- +1 Hours ceFAZolin
  2 g, Injection, IV Piggyback, OnCall, Routine, Reason for ABX: Prophylaxis
  Comments: Give within 1hr prior to incision. To be given by OR Circulator
  For weight greater than or equal to 120 kg, choose the following order.(NOTE)*
- +1 Hours ceFAZolin
  3 g, Injection, IV Piggyback, OnCall, Routine, Reason for ABX: Prophylaxis
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Comments: Give within 1hr prior to incision. To be given by OR Circulator

MRSA/Documented History OR High Risk for MRSA (Implanted Device)(NOTE)*

☐ +1 Hours cefuroxime
   1.5 g, Injection, IV Push, OnCall, Routine, Reason for ABX: Prophylaxis
   Comments: Give within 1hr prior to incision. To be given by OR Circulator

☐ +1 Hours vancomycin
   15 mg/kg, IV Piggyback, IV Piggyback, OnCall, Routine
   Comments: Give within 1hr prior to incision. To be given by OR Circulator

☐ +1 Hours vancomycin
   15 mg/kg, IV Piggyback, IV Piggyback, OnCall, Routine
   Comments: Give within 2hrs prior to incision. To be given by OR Circulator MAX dose 2g

Patients with Immediate/Severe Reaction to Penicillin or known Cephalosporin Allergy(NOTE)*

☐ +1 Hours vancomycin
   15 mg/kg, IV Piggyback, IV Piggyback, OnCall, Routine
   Comments: Give within 2hrs prior to incision. MAX dose 2g. To be given by OR Circulator

☐ +1 Hours heparin
   5,000 units, Injection, Subcutaneous, OnCall, Routine
   Comments: Give IntraOp

☐ +1 Hours acetaminophen
   650 mg, Tab, PO, q4h, PRN Other, specify in Comment, Routine
   Comments: Mild/Moderate pain or premedication for blood products

☐ +1 Hours acetaminophen
   650 mg, Tab, PO, N/A, PRN Premedication for blood products, Routine

☐ +1 Hours predniSONE
   50 mg, Tab, PO, q6h, Routine, (for 3 dose )
   Comments: First dose 13 hours prior procedure, 2nd dose 7 hours prior procedure, 3rd dose 1 hour prior to procedure, for iodine or contrast allergy

☐ +1 Hours diphenhydrAMINE
   50 mg, Cap, PO, OnCall, Routine
   Comments: 1 hour prior to procedure for iodine or contrast allergy

Laboratory

☐ BMP
   STAT, T;N, once, Type: Blood

☐ CBC w/o Diff
   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

☐ Potassium Level
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- **Time Study**, T+1;0500, once, Type: Blood
- Urinalysis w/Reflex Microscopic Exam  
  **STAT**, T;N, once, Type: Urine, Nurse Collect  
  Blood Products (NOTE)*
- Type and Crossmatch PRBC  
  **Routine**, T;N, Type: Blood
- Type and Screen  
  **Routine**, T;N, for OR, Type: Blood
- Hold PRBC  
  **Routine**, T;N, Reason: On Hold for OR
- Transfuse PRBC’s - Not Actively Bleeding  
  **Routine**, T;N
- Hold Platelets  
  **Routine**, T;N, Reason: On Hold for OR
- Transfuse Platelets  
  **Routine**, T;N
- Hold Plasma  
  **Routine**, T;N, Reason: On Hold for OR
- Transfuse Plasma  
  **Routine**, T;N
- Cryoprecipitate Transfuse  
  **Routine**, T;N

**Diagnostic Tests**
- **EKG**  
  Start at: T;N, Priority: Routine, Reason: Other, specify, Pre-Op  
  Comments: Pre-op
- Chest 2 Views  
  **Routine**, T;N

**Consults/Notifications/Referrals**
- **Notify Physician For Vital Signs Of**  
  BP Systolic > 160, BP Diastolic > 100, BP Systolic < 90, BP Diastolic < 50, Celsius Temp > 38.5,  
  Heart Rate > 100, Heart Rate < 50, Urine Output < 30 mL.hr, Potassium level less than 3.2 or greater than 6 mmol/L
- Physician Group Consult  
  **Group**: Medical Anesthesia Group, Reason for Consult: Regional Block
- Physician Consult  
  **Routine**, T;N
- Diabetic Teaching Consult  
  Start at: T;N
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<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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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