Physician Orders ADULT: AV Shunt Preop Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
✔️ Initiate Powerplan Phase

- Phase: AV Shunt Preop Phase, When to Initiate: _______________________

AV Shunt Preop Phase

Admission/Transfer/Discharge
☐ Notify Physician-Once
   Notify: physician, Notify For: of room number on arrival to unit

Food/Nutrition
✔️ NPO

Patient Care
☐ Consent Signed For
   T;N, Procedure: Right AV Access Surgery

☐ Consent Signed For
   T;N, Procedure: Left AV Access Surgery

☐ Consent Signed For
   T;N, Procedure: Right AV Revision

☐ Consent Signed For
   T;N, Procedure: Left AV Revision

✔️ Clipper Prep
   Routine, upper extremity from axilla to wrist

☐ Bedside Glucose Nsg
   Routine, PRN, if diabetic

☐ No BP or Venipunctures

Medications
☐ +1 Hours vancomycin
   15 mg/kg, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose)
   Comments: send to OR with patient, max dose=2g

☐ +1 Hours ceFAZolin
   2 g, IV Piggyback, IV Piggyback, N/A, Routine, Give within 1 hour prior to incision. [Less Than 120 kg] (DEF)*
   Comments: Give if weight less than 120kg. Give within 1 hour prior to incision.

   3 g, IV Piggyback, IV Piggyback, N/A, Routine, Give within 1 hour prior to incision. [Greater Than or Equal To 120 kg]
   Comments: Give if weight greater than or equal to 120kg. Give within 1 hour prior to incision.

Laboratory
✔️ Hematocrit
   Routine, T;N, once, Type: Blood

✔️ Potassium Level
   Routine, T;N, once, Type: Blood
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☐ PT/INR

Routine, T;N, once, Type: Blood

<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