



attach patient label here

## Vascular Surgery Stent/Graft Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

**Allergies:**  No known allergies

Medication allergy(s): \_\_\_\_\_

Latex allergy  Other: \_\_\_\_\_

### Admission/Transfer/Discharge

Patient Status Initial **Inpatient** Attending Physician: \_\_\_\_\_

**Bed Type:**  Med Surg  Critical Care  Stepdown  Obstetrics  Other

Patient Status Initial **Outpatient** Attending Physician: \_\_\_\_\_

**Outpatient Status/Service:**  OP-Ambulatory  OP-Diagnostic Procedure  OP-Observation Services

**NOTE to MD:**

**Initial status – inpatient** --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.

**Initial Status Outpatient – Ambulatory surgery** – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery.

- Routine recovery after outpatient surgery is estimated at 6-8 hours.
- “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.
- For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”.
- Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.

**Initial status Outpatient -Observation Services** – Short term treatment, assessment and reassessment - estimate discharge within 24 hours

- In some cases (for Medicare patients), this can be extended to 48 hours.
- Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.

Notify physician once \_\_\_\_\_ T;N, of room number on arrival to unit

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

### Laboratory

Creatinine T;N, Routine, Once, Type: Blood

BUN T;N, Routine, Once, Type: Blood

### Diagnostic Tests

Chest 2VW Frontal & Frontal & Lat T;N, Reason for Exam: Other, Enter in Comments, Routine, Order Comments: follow-up thoracic aortic stent grafting for aortic transection

KUB T;N, Routine

EKG T;N, Routine

CT Abdomen Triple Phase T;N, Reason for Exam: Other, Enter in Comments, Order comments: For Aortic Stent Graft, 2.5 mm cuts - no contrast, then 2.5 mm cuts - arterial phase of contrast, then 2.5 mm cuts, venous phase. NO Oral contrast.

CT Pelvis W Cont T;N, Reason for Exam: Other, Enter in Comments, Order comments: For Aortic Stent Graft, 2.5 mm cuts - no contrast, then 2.5 mm cuts - arterial phase of contrast, then 2.5 mm cuts, venous phase. NO Oral contrast.

CT Chest W Cont T;N, Reason for Exam: Other, Enter in Comments, Order comments: For Aortic Stent Graft, 2.5 mm cuts - no contrast, then 2.5 mm cuts - arterial phase of contrast, then 2.5 mm cuts, venous phase. NO Oral contrast.

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician's Signature \_\_\_\_\_ MD Number \_\_\_\_\_

