attach patient label here

Methodist Le Bonheur Healthcare

Physician Orders ADULT

Vascular Surgery Post Op 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		
[ ]	Return Pt to Room	T;N
[ ]	Patient Status Change	T;N, Status _____, Reason for Visit_____, Reason for Change_____, Attending Physician _____ Bed Type_____
[ ]	Transfer Pt within current facility	T;N, Attending physician_____, Level of Care _____, Telemetry Type _____
[ ]	Notify physician once	T;N, of room number on arrival to unit
Vital Signs		
[ ]	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP
Activity		
[ ]	Keep Affected Leg Straight	T;N, Strict for duration of bedrest
[ ]	Keep Flat	T;N, Strict for duration of bedrest
[ ]	Bedrest	T;N, Strict for 6 hours
Food/Nutrition		
[ ]	Regular Adult Diet	T;N,
[ ]	Clear Liquid Diet	T; N
[ ]	NPO	T:N
[ ]	AHA Diet	T;N, 2 gm
[ ]	Renal Diet Not On Dialysis	T;N,
[ ]	Renal Diet On Dialysis	T;N,
[ ]	Renal Diet On Dialysis	T;N, Adult (>18 years), 1800 Calorie, ADA
[ ]	Consistent Carbohydrate Diet	T;N, **Caloric Level:** 1800 Calorie, **Insulin**: [ ] None [ ] Short Acting [ ] Intermediate [ ] Long Acting; **Renal Patient**:[ ] No, [ ] Yes, on dialysis, [ ] Yes, not on dialysis
[ ]	Combination Diet	T;N, (Choose up to 3)_____
Patient Care		
[ ]	Advance Diet As Tolerated	T;N
[ ]	Force Fluids	T;N
[ ]	Sheath Site Monitoring	T;N, Right Femoral artery sheath-transduce to arterial line
[ ]	Sheath Site Monitoring	T;N, Left Femoral artery sheath-transduce to arterial line
[ ]	Sheath Remove	T;N, Special Instructions: May discontinue femoral sheath (___/___/___) if ACT less than ___ seconds, no groin hematoma, and no change in pedal pulses
[ ]	Pedal Pulses Check	T;N, q1h monitor and record while sheath present or for 6 hours post procedure then q2h
[ ]	Groin Check	T;N, Routine, q15 min x 4, then q30 min x 2, then q1h x 4 RIGHT post femoral angio
[ ]	Groin Check	T;N, Routine, q15 min x 4, then q30 min x 2, then q1h x 4 LEFT post femoral angio
[ ]	Groin Check	T;N, Routine, q1h(std), while sheath present
Continuous Infusions		
[ ]	D5 1/2 NS	1,000 mL, IV, Routine, Start: T;N, ___ mL/hr
[ ]	Sodium Chloride 0.9%	1,000 mL, IV, Routine, Start: T;N, ___ mL/hr
[ ]	Sodium Chloride 0.45%	1,000 mL, IV, Routine, Start: T;N, ___ mL/hr

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	Medications	
[ ]	**VTE Surgical Prophylaxis Plan**	
[ ]	aspirin	81 mg, DR Tab, PO, once, STAT
[ ]	aspirin	81 mg, DR Tab, PO, Qday, Routine, Start: T+1
[ ]	aspirin	325 mg, DR Tab, PO, once, STAT,
[ ]	aspirin	325 mg, DR Tab, PO, QDay, Routine, Start: T+1,
[ ]	clopidogrel (Plavix)	300 mg, Tab, PO, once, STAT
[ ]	clopidogrel (Plavix)	75 mg, Tab, PO, Qday, Routine, Start: T+1,
[ ]	**PCA- HYDROmorphone Protocol**	
[ ]	OXYcodone	10 mg, Tab, PO, q4h PRN Pain, Severe (8-10)
[ ]	Ondanestron	4 mg, injections, IVPush, q4h, PRN Nausea/Vomiting
[ ]	Zolpidem	5 mg, Tab, PO, hs PRN Sleep
[ ]	Laxative of Choice	
	NOTE: Choose one cephalosporin AND vancomcyin:	
	NOTE: Give ceFAZolin 3G if patient weights greater than 120kg	
[ ]	**ceFAZolin**	**2 g, IV Piggyback, IV Piggyback, q8h, Routine, (1 dose), Comment: time post**
[ ]	**ceFAZolin**	**3 g, IV Piggyback, IV Piggyback, q8h, Routine, (1 dose), Comment: time post op dose 8 hours after preop dose (3G dose for weight greater than 120Kg)**
	OR	
[ ]	**Cefuroxime (Zinacef)**	**1.5 g, IV Piggyback, IV Piggyback, q12hr, routine x 1 dose. Comment: time post op dose 12 hours after last dose, not to exceed past 48 hours postop from OR stop time. (Same dose for all weights)**
	AND	
[ ]	**vancomycin**	**15mg/kg, IV Piggyback, IV Piggyback, once, Routine, (1 dose), Comment: time post op dose 12 hours after preop dose, not to exceed 48 hours Max 2G dose**
	Note: If documented beta-lactam allergy, Give ONLY vancomcyin:	
[ ]	**vancomycin**	**15mg/kg, IV Piggyback, IV Piggyback, once, Routine, (1 dose), Comment: time post op dose 12 hours after preop dose. Max 2Gm dose**
	Note: Select below to document contraindication	
[ ]	**Indications-Continuing**	**T;N, [ ] Suspected infect or [ ] actual infection**
	Laboratory	
[ ]	CBC	STAT, T;N, once, Type: Blood
[ ]	BMP	STAT, T;N, once, Type: Blood
[ ]	PT	STAT, T;N, once, Type: Blood
[ ]	PTT	STAT, T;N, once, Type: Blood
[ ]	CBC	Routine, T+1;0400, once, Type: Blood
[ ]	BMP	Routine, T+1;0400, once, Type: Blood
[ ]	PT	Routine, T+1;0400, once, Type: Blood
[ ]	PTT	Routine, T+1;0400, once, Type: Blood
	Consults/Notifications	
[ ]	Notify Resident-Continuing	T;N, Notify: Vascular Resident 418-1004, any changes in pedal pulses, excessive bleeding from site, or hematoma formation

Date **Time** **Physician's Signature** **MD Number**