### Vascular Post-Op Orders

**Authorization** is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
<th>PRESCRIBER ORDERS</th>
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**Level of care:** Admit to:  
- Observation  
- Ambulatory Surgery (ASU)  
- Inpatient  
- Critical Care Unit

**Location:**  
- Med Surg  
- Telemetry (Indication)  
- Critical Care Unit

**Diagnosis:** __________________________

**Condition:**  
- Stable  
- Fair  
- Serious  
- Critical

**Admitting Physician:** __________________________

- Obtain Health Care Proxy if not available
- Old Records to unit
- Vital signs as per protocol  
  - Vital signs every _____ hours X _____ hours

**Notify MD if:**  
- Systolic BP less than 90 or greater than 170, HR less than 50 or greater than 120, RR greater than 24, SPO2 less than 92%, Temp less than 95° F or greater than 101° F

**1. ACTIVITY:**  
- Bedrest for _____ hours then OOB/Ambulate in AM  
- Bedrest with bathroom privileges  
- Ambulate with assistance

**2. DIET:**  
- NPO  
- Ice Chips  
- Clear liquid  
- Regular  
- Tube feedings __________________________  
- Dietician consult  
- Other: ___________________________

**3. NURSING ASSESSMENTS/INTERVENTIONS:**  
- Check pedal pulses (using Doppler) q___h X 24 hours, then q___h X 24 hours, then every _______ hours
- Neurological checks (Gross Motor Function) q___h X _____, then q shift X ____ days
- Active patient warming
- Cardiac monitor
- Measure Intake/Output
- Hourly urine output -  **Notify MD if less than 30 mL/hour**
- Insert Foley catheter if unable to void after 10 hours
- Foley catheter - routine catheter care
- Discontinue Foley catheter on Post-op day # ______
- Change Surgical Dressing as needed
- Change Surgical Dressing in AM first post-op day
- Apply Bacitracin ointment topically daily to incision site
- Monitor drainage every 2 hours
- Drain Care: Empty q_______
- NG to low intermittent wall suction
- Measure NG drainage q_______
- Discontinue NG on Post-op day# ______
- CVP monitoring: __________________________
- Glucometers (Fingerstick glucose) q 6 h or ___________ (See Glycemic Control sheet)

**4. PATIENT EDUCATION**  
- Pain management
- Coughing and deep-breathing/Incentive spirometry
- Smoking cessation (if applicable)
- Wound care: __________________________
- Other: ___________________________

**Prescriber Signature:** __________________________

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#### 5. RESPIRATORY:
- O2 at _____ Liters/minute by _____
- Incentive Spirometry q 2 h while awake
- Ventilator management

#### 6. IV INFUSION:
- IV Orders: __________________________ at __________ mL/hour
- IV Orders: __________________________ at __________ mL/hour
- Dextran 40 in 0.9% Normal Saline __________ mL/hour
- Other: __________________________ at __________ mL/hour

#### 7. MEDICATIONS:

**Antibiotics (Prophylaxis = less than 24 hours post surgery):** (see Perioperative Antibiotic Guide)
- No prophylactic post operative antibiotics
- Cefazolin (Ancef) 1 gram IV q8h X 3 doses Next dose based on pre-op dosage time: ________
- Clindamycin (Cleocin) 600 mg IV q8h X 3 doses [Penicillin/Cephalosporin allergy]
  Next dose based on pre-op dosage time: ________.
- Vancomycin 1 gram IV q12 hours X 2 doses [Penicillin/Cephalosporin allergy or HX MRSA]
  Next dose based on pre-op dosage time: ________.
- Antibiotics (Therapeutic = treatment of infection) – Please document source of infection

**Beta Blockers** (see Peri-operative Beta Blocker worksheet)

**GI Prophylaxis**
- Famotidine (Pepcid) 20 mg IV twice daily

**Lipid-Regulating Agents**

**Nausea:**
- Metoclopramide (Reglan) 10 mg IV every 6 hours PRN for nausea/vomiting
- Ondansetron (Zofran) 4 mg IV every 6 hours PRN for nausea/vomiting
- Trimethobenzamide HCL (Tigan) 200 mg IM every 6 hours PRN nausea/vomiting

**Pain:**
- Patient Controlled Analgesia (See separate order form)
- Epidural Pain Management – (See additional orders)
- IV Analgesia: __________________________ mg every _____ hours PRN pain
- IM Analgesia: __________________________ mg every _____ hours PRN pain
- PO Analgesia: __________________________ mg every _____ hours PRN pain
- Acetaminophen (Tylenol) 650 mg PO every 4 hours PRN for headache/temp over 101.5 degrees F

**Other Medications:**
- Antihypertensive agents: ____________ hold if systolic blood pressure less than _____ mmHg

**8. STUDIES**

**LABORATORY:**
- CBC
- BMP
- Fibrinogen
- ABG

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Prescriber Signature: _____________________________
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<table>
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<th>STUDIES cont.</th>
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<tbody>
<tr>
<td><strong>Blood Transfusion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfusion, ________ units of red blood cells (RBC), autologous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfusion, ________ units of red blood cells (RBC), homologous</td>
<td></td>
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</tbody>
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### Cardiology:
- EKG
- __________

### Diagnostic Imaging:
- Chest x-ray
- __________

### 9. Venous Thromboembolism Prophylaxis (VTE) (May Select more than One)
- Early and Persistent ambulation
- Sequential Compression Device
- Enoxaparin (Lovenox) 40 mg sub q daily
- Heparin 5000 units subcutaneous every 8 hours
- Heparin 5000 units subcutaneous every 12 hours
- Other
- No VTE Prophylaxis (REASON [ ] Not a Candidate [ ] Contraindicated [ ] Other (______________))

### 10. Referrals:
- Care Management/Social Work
- Physical therapy
- Occupational therapy
- Other

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**Prescriber Signature:** _____________________________________________

Dev: 5/08
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