

(place patient label here)

Patient Name: _____

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box ☒ will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
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PROVIDER ORDERS

Diagnosis: _____

Allergies with reaction type: _____

CAROTID SURGERY POSTOPERATIVE (RO)

Version 2 Approved 11/27/18

Admit as inpatient to _____

DIET: Clear liquids. Advance as tolerated. Carb control.

LABORATORY _____

Call result to Doctor.

IV FLUIDS _____

MEDICATIONS:

- ☐ Zocor 40 mg po every H.S
- ☐ ASA 81 mg PO Daily
- ☐ ASA 325mg PO Daily
- ☐ Plavix 75mg PO Daily

ANTIBIOTICS POST Last dose given @ _____

☐ Cefazolin 2 GM IV q 8 hr x 24 hr **OR** Clindamycin 900 mg IV q 8 hr X 24 hr if **allergic to PCN**

Other meds: _____

PRN MEDICATIONS:

phenylephrine 100 mcg/mL

- ☒ 50 microgram (0.5 mL) via central line intravenously as needed for SBP < 70 mmHg; NOTIFY PROVIDER IMMEDIATELY; Repeat in 30-45 seconds in SBP remains < 70 mmHg
- ☒ 100 microgram (1 mL) via central line intravenously as needed for SBP < 50 mmHg; NOTIFY PROVIDER IMMEDIATELY; If no response in 30-45 seconds give 200 mcg and repeat every 30-45 sec if SBP remains < 50 mmHg; If SPB 50-70 give 50 mcg

Metoclopramide 10 mg IV/PO every 4 hours prn nausea.

Nitroprusside IV titrated to keep SBP < _____ and > _____.

Oxycodone 5 mg PO every 3 hours prn moderate pain

Tylenol 500 mg PO every 6 hours prn mild pain

NURSING CARE:

Vital signs and neurological check every 15 min until stable, then every 1 hour and prn.

Notify doctor of any of the following:

- A. Bradycardia (Pulse < 50)
- B. Hypotension (systolic Blood Pressure < 100)

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- C. Temp > 101
- D. Incisional drainage or neck swelling not controlled by manual pressure.
- E. Any change in neurological status.
- F. Change or absence of temporal pulses.

Urine output every 1 hour, if foley in place.

Check BVI if patient has not voided 8 hours after start of surgery. May relief cath prn.

I & O every 8 hours.

Bedrest. Elevate head of bed 30 degrees. Commode prn. Up to chair post-op Day 1.

O2 to keep SaO2 > 90%.

Incentive Spirometry every 4 hours while awake.

Maintain manual pressure on incision prn bleeding/swelling.

Heart healthy nutrition education.

Inpatient cardiac rehab consult for cardiovascular risk factor management

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PROVIDER ORDERS

VTE Prophylaxis

Step 1: VTE Risk Assessment: SELECT ONE RISK CATEGORY

- ☐ **LOW RISK- FEW PATIENTS FALL IN THIS CATEGORY** (Includes ambulatory patients WITHOUT additional VTE risk factors [see Appendix 1 for risk factors]) No specific measure required, early ambulation
 - Order for all **LOW** risk patients **IF** not already ordered.
 - ☐ Ambulate 3 times a day
- ☐ **MODERATE RISK- ANY PATIENT NOT IN LOW RISK OR HIGH RISK CATEGORY-MOST PATIENTS FALL IN THIS CATEGORY** (Patients with one or more VTE risk factors)
- ☐ **HIGH RISK- ANY PATIENT NOT IN LOW OR MODERATE RISK CATEGORY** (Includes: Elective major lower extremity arthroplasty, hip, pelvic or surgery, lower extremity fracture, acute spinal cord injury with paresis, multiple major trauma, abdominal or pelvic surgery for cancer)

Step 2: Order Prophylaxis

- ☐ Prophylaxis already addressed post-operatively- See post-op orders

➤ **Pharmacological VTE Prophylaxis**

- Order for **MODERATE** and **HIGH** risk patients unless contraindicated

- ☐ No pharmacological prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

CONTRAINDICATIONS

Absolute

- ☐ Active hemorrhage or high risk for hemorrhage
- ☐ Severe trauma to head or spinal cord WITH hemorrhage in last 4 wks

Relative

- ☐ Craniotomy in last 2 weeks
- ☐ Intracranial hemorrhage in 12 mos.
- ☐ Intraocular surgery in last 2 wks
- ☐ GI, GU hemorrhage in last 30 days
- ☐ Thrombocytopenia (< 50,000)
- ☐ Coagulopathy (PT > 18 sec)
- ☐ Active intracranial lesions/ neoplasms
- ☐ Hypertensive emergency
- ☐ Post-op bleeding concerns
- ☐ Scheduled to return to OR in the next 24 hrs
- ☐ Epidural catheters or spinal block
- ☐ End stage liver disease

OTHER: _____

Medications

enoxaparin (LOVENOX)

- ☐ 40 milligram subcutaneously once a day
- ☐ 30 milligram subcutaneously once a day for impaired renal function- GFR less than 30 mL/min

heparin

- ☐ 5,000 unit subcutaneously every 12 hours
- ☐ 5,000 unit subcutaneously every 8 hours

- Select fondaparinux (ARIXTRA) ONLY IF suspected or known history of immune-mediated HIT OR allergy to enoxaparin (LOVENOX)

fondaparinux (ARIXTRA)

- ☐ 2.5 milligram subcutaneously once a day DO NOT USE if GFR less than 30mL/min
- ☐ Other Medication: _____

Laboratory

- ☒ CBC without differential every 3 days IF pharmacological prophylaxis is ordered

➤ **Mechanical VTE Prophylaxis**

- Order for **HIGH** risk patients and **MODERATE** risk patients without pharmacological prophylaxis

- ☐ No mechanical prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

Mechanical Contraindications

- ☐ Bilateral lower extremity amputee
- ☐ Bilateral lower extremity trauma
- ☐ Other: _____

Intermittent pneumatic compression

- ☐ Sequential compression device (SCD)
- ☐ Arterial venous impulses (AVI)

Apply anti-embolic stockings (graduated)

- ☐ knee high
- ☐ thigh high

Provider Signature: _____ Date: _____ Time: _____