

(place patient label here)

Patient Name:

Order Set Directions:

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PROVIDER ORDERS

Diagnosis: _____

Allergies with reaction type:

Lower Extremity Vascular Surgery Postoperative

Version 7 Approved 11/27/2018

Patient Placement

- ICU
- PCU

Activity

- Bed rest
- Elevate head of bed 30 degrees
- Rooke Boots
- DO NOT PUT PILLOW UNDER KNEES.**

Nursing Orders

- Vital Signs Not per Unit Standard (every 15 minutes until stable, every 30 minutes x 2, every 1-hour x 2, then every 2 hours x 2, then every 6 hours)
- Measure baseline Doppler signals/pressures in dorsalis pedis and posterior tibial arteries of both feet in recovery room and record with simultaneous arm pressures in progress notes.
- Monitor pedal pulses and/or Doppler signals/pressures in both feet every _____hour

Notify provider of any of the following:

- IF, Blood Pressure <100 or >160 systolic
- IF, Temperature >100
- IF, Pulse Rate >100
- Urine output <30 milliliters/hour
- Any excessive incisional drainage/bleeding
- IF, any significant change (loss of pedal pulse, drop of Doppler pressure of 20mm Hg, or complaint of pain or numbness in feet)

- Incision Care twice a day and as needed, if incision stapled
 - Wash with hibiclens and sterile saline
 - Apply gauze to any sites with drainage and secure (EXCEPT DERMABOND SITES)
 - DERMABOND SITES: DO NOT APPLY TAPE OR SCRUB VIGOROUSLY

Respiratory

- Pulse Oximetry Continuous
- O2 Delivery RT/RN to Determine (Monitor SaO2 and wean oxygen if SaO2 >90%)

Diet

- Clear liquids
- Advance as tolerated to goal diet of: Heart Healthy (with Controlled Carbohydrate feature if patient is diabetic)

IV/Line Insert and/or Maintain

- Peripheral IV Insert/Maintain
- Saline lock with saline flush twice a day

Initials_____

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IV Fluids-Maintenance Specific Fluids

0.9% Sodium Chloride

- 30 milliliters/hour continuous intravenous infusion
- _____ milliliters/hour continuous intravenous infusion

Medications

Analgesics

acetaminophen (TYLENOL)

- 500 milligrams by mouth every 6 hours, as needed for mild pain

oxycodone

- 5-10 milligrams by mouth every 4 hours, as needed for moderate pain

Antiemetics

metoclopramide (REGLAN)

- 10 milligrams by mouth every 4 hours, as needed for nausea
- 10 milligrams intravenously every 4 hours, as needed for nausea

ondansetron (Zofran)

- 4 milligrams intravenously every 4 hours, as needed for nausea

Constipation

docusate + sennosides (SENOKOT-S)

- 1 tablet by mouth once a day, begin postop day 1 (Hold for loose stools)

Polyethylene glycol (MIRALAX)

- 17 grams in 8 ounces of liquid by mouth once a day, as needed for constipation (Hold for loose stools)

Antibiotics

cefazolin (ANCEF)

- 2 grams intravenously every 8 hours x 24 hours
- 3 grams intravenously every 8 hours x 24 hours

clindamycin (CLEOCIN)

- 900 milligrams intravenously every 8 hours x 24 hours

Laboratory

- | | | | |
|--|-------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> BASIC METABOLIC PANEL | <input type="checkbox"/> Stat | <input type="checkbox"/> Routine | <input type="checkbox"/> AM Draw |
| <input type="checkbox"/> CBC/NO DIFF | <input type="checkbox"/> Stat | <input type="checkbox"/> Routine | <input type="checkbox"/> AM Draw |
| <input type="checkbox"/> MAGNESIUM | <input type="checkbox"/> Stat | <input type="checkbox"/> Routine | <input type="checkbox"/> AM Draw |
| <input type="checkbox"/> PT (PROTIME AND INR) | <input type="checkbox"/> Stat | <input type="checkbox"/> Routine | <input type="checkbox"/> AM Draw |
| <input type="checkbox"/> PTT | <input type="checkbox"/> Stat | <input type="checkbox"/> Routine | <input type="checkbox"/> AM Draw |

Diagnostic Tests

- US Ankle Brachial Index (Order Post-op day 1)
 - Routine; Reason for exam: _____
 - Resting
 - Treadmill

Initials_____

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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	Relative	
<input type="checkbox"/> Active hemorrhage or high risk for hemorrhage	<input type="checkbox"/> Craniotomy in last 2 weeks	<input type="checkbox"/> Active intracranial lesions/ neoplasms
<input type="checkbox"/> Severe trauma to head or spinal cord WITH hemorrhage in last 4 wks	<input type="checkbox"/> Intracranial hemorrhage in 12 mos.	<input type="checkbox"/> Hypertensive emergency
	<input type="checkbox"/> Intraocular surgery in last 2 wks	<input type="checkbox"/> Post-op bleeding concerns
	<input type="checkbox"/> GI, GU hemorrhage in last 30 days	<input type="checkbox"/> Scheduled to return to OR in the next 24 hrs
	<input type="checkbox"/> Thrombocytopenia (< 50,000)	<input type="checkbox"/> Epidural catheters or spinal block
	<input type="checkbox"/> Coagulopathy (PT > 18 sec)	<input type="checkbox"/> 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: _____