(place patient label here)

Patient Name:_____

BENEFIS HEALTH SYSTEM
Benefis HOSPITALS

PROVIDER ORDERS

Order Set Directions:
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Diagnosis: _____
Allergies with reaction type:_____

MAJOR VASCULAR SURGERY POST-OP **Version 7 Approved 11/27/2018**

Preferred Location:_____
Procedure:_____

LABORATORY:
Stat CBC, BMP, Mg++, ABGs with CoOx.
Portable CXR and EKG on admission.
6 hours postop - CBC, BMP, Mg++
CBC, BCS7, Mg ++ daily x 3, ABG (if remains intubated)
Capillary Blood Sugars Q 2 hours while on insulin drip, then AC & HS when eating

MEDICATIONS AND IVS
IV Fluids:_____
Maintain total IV fluid at above rate including other IV medication and fluids. All other IVs central line TKO with NS.
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**
Pepcid 20 mg IV every 12 hours.
Chlorhexidine Gluconate 5 ml BID x7days with oral hygiene.

PRN Medications:
Morphine sulfate via PCA. If allergic use meperidine via PCA (check with Anesthesia if epidural infusing)
Metoclopramide 10mg IV/PO q 4 hours prn nausea.
Zofran 4 mg IV every 4 hours prn nausea, unrelieved with metoclopramide.
☐ Nitroprusside IV titrated to keep SBP <_____ and >_____
☐ NIcardipine IV titrated to keep SBP <_____ and > _____
Maintain CVP > 8mmHg with:
☐ NS 100ml to max of 1000ml. ☐ 250ml 5% Albumin to max. of 1000ml

K+ LEVEL	K+ REPLACEMENT CENTRAL LINE
< 3.0	Notify Physician
3.0 - 3.4	30 meq potassium chloride in 100 ml over 1 hour
3.5 - 3.9	20 meq potassium chloride in 100 ml over 1 hour

*** RECHECK K+ 1 HOUR AFTER INFUSION**

Initials_____

(place patient label here)
Patient Name:
_____

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PROVIDER ORDERS

Dynamic insulin drip

a. Discontinue previous insulin orders when dynamic drip initiated.
b. Monitor glucose levels q 2 hours and adjust insulin rate as below.
c. Regular insulin drip IV 250 units in 250 mls NS
d. Calculating insulin drip rate when glucose >100 mg/dl: (Glucose -60) x 0.05 \ (multiplier) = insulin rate in units per hour.
   For 2 consecutive glucose levels below 100, DECREASE multiplier by 0.01
   For 2 consecutive glucose levels above 150, INCREASE multiplier by 0.01
e. For glucose 61-80 0.5 units/hr.
f. For glucose 80-100 1 unit/hr.
g. For glucose <= 60, stop insulin drip, give D50 10 gms IV until glucose >75.
   Check glucose 30-60 min.
      Do not titrate for first 2 hours after meal.
      DC insulin drip 2 hours after first meal.
      Do not DC Insulin drip if greater that 3 units/hour. Notify physician

Pharmacy to calculate insulin SQ insulin when IV drip dc'd

DVT Prophylaxis:
☐ Arixtra 2.5 mg SQ Daily to start POD1
☐ _____

NURSING CARE:
VS, all monitored pressures, & urine output every 15 minutes X 4, then every 1 hour and prn.
Cardiac output hourly x4, then Q4H & prn.
Notify Dr. of any of the following:
   SBP < 100 systolic after volume replacement.
   Temp > 101
   Urine output <30 ml/hr for 2 consecutive hours.
Doppler pressures in dorsalis pedis and posterior tibial arteries of both feet on admit.
Pedal pulses and/or Doppler pressures in both feet every 1 hr. Notify Dr if any significant change (loss of pedal pulse, drop of Doppler pressure of 20mm Hg, or complaint of pain or numbness in feet.)
Abdominal girth every 1 hour x 18 hours.
I & O every 8 hours. Daily weight.
Insert NG if not done in OR. NG to low intermittent suction, irrigate with 30 ml saline every 4 hours. NPO with ice chips sparingly
Bedrest. Elevate head of bed 20-30 degrees. Keep covers off toes. Chair POD 1.
Heart healthy nutrition education.
Inpatient cardiac rehab consult for cardiovascular risk factor management

RESPIRATORY:
Initial ventilator setting per anesthesia.
Monitor pulse oximetry/ETCO2 while on ventilator.

Initials_____

(place patient label here)
Patient Name:
_____

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BENEFIS HEALTH SYSTEM
Benefis
HOSPITALS

PROVIDER ORDERS

Weaning:

Wean FIO2 to as low as 40% keeping SAO2 > 92%.
Check respiratory parameters when patient is alert, assessing for: VC > 10ml/kg,
RR < 25 VT > 5 ml/kg NIF > -25
If above parameters are met and if FIO2 is < 60%, place patient on CPAP and check
ABG in 20 minutes.
If pH 7.35 - 7.45 and pO2 > 60 and pCO2 < 45 extubate.
If levels not obtained, replace on previous vent settings and call surgeon or anesthesia for instructions.
ABG 20 min after extubation

Post extubation:

Nasal cannula or aerosol mask to keep SAO2 > 90%, wean as tolerated
Incentive Spirometry:
1. Instruction per RT
2. then IS BID until pt. achieves 70% predicted
3. then IS at bedside with nursing to ensure frequent use

Notify surgeon for CPAP orders if patient unable to adequately perform IS.

Initials_____

(place patient label here)
Patient Name:
_____

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