

(place patient label here)

Patient

Name: \_\_\_\_\_



PROVIDER ORDERS

**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
- > Initial each page and Sign/Date/Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**THORACIC POSTOP ORDERS**

Version 4 Approved 11/27/2018

1. Preferred Location: \_\_\_\_\_
2. VS routine.
3. ACTIVITY: Chair TID x 24 hours (start day of surgery), then ambulate in hall TID (ambulate evening of surgery)
4. DIET: NPO with ice chips,  
POD1 clear liquid advance to Heart Healthy if diabetic add 1800 cal ADA.
5. IV: D5 1/2 NS with 20 meq KCL/liter at 125 ml x 24 hrs, then TKO.
6. LAB: CBC, BCS7, ABG  
XRAY: Upright portable chest
7. CT to 20 ml H2O vacuum.
8. SCD x 24 hrs.
9. Foley to gravity x 24 hr.
10. Aerosol mask or nasal cannula to keep SAO2 >92.
11. Incentive spirometry q 4 hrs. while awake.
12. Notify M.D. for: UOP < 30 ml/hr.  
HR > 120 or < 60.  
BP > 150 systolic or < 90 systolic.  
CT drainage > 100 ml/hr. or > 1000 ml/24 hrs.
13. **MEDICATIONS:**
  - Morphine per PCA standard protocol x 72 hrs prn moderate to severe pain (Use Meperidine if allergic to Morphine Sulfate).
  - Diazepam 2.5 mg IVP q 4 hrs prn x 48 hrs. - spasms
  - Percocet 5/325 mg 1 to 2 tablets po q 4 hrs prn pain (start POD #1)
  - Chlorhexidine Gluconate Oral Rinse BID with oral hygiene.
  - Arixtra 2.5 mg subq daily to start post-op day one, unless patient has indwelling intrathecal/continuous epidural catheter, auto-substitute
    - Heparin 5000 units subq BID
  - Pepcid 20 mg IV/PO b.i.d.
  - Triple antibiotic ointment to wounds/CT site daily
  - On Q pump Lidocaine 1%; clamps open.
14. **ANTIBIOTICS** Last dose given @ \_\_\_\_\_
  - Cefazolin  
2 GM IV q 8 hr x 24 hr  
**If patient has allergy to Penicillin**
  - Clindamycin  
900 mg IV q 8 hr X 24 hr

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

- 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: