

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

Thoracic/Vascular Surgery – Preoperative

Version 4 11/10/15

General

- Order for Surgery
- Specific Surgery: _____

Date of Surgery: _____

Obtain the Written Authorization for Ordered Surgery

Patient Placement

Patient Status

- Admit to inpatient
- Outpatient

Activities

- Up ad lib

Nursing Orders

- Initiate pre-operative anesthesia protocol
- Glucose, blood, point-of-care measurement
- Surgical preparation, hair removal, use electric clippers only the morning of surgery
 - Right chest/axilla/abdomen
 - Right groin and leg including ankle
 - Left chest/axilla/abdomen
 - Bilateral groin and leg including ankle
 - Left groin and leg including ankle
- Hibiclens shower or bedbath -evening before surgery and repeat in am after prep
- Urinary catheter initiation/management place in OR
- Apply anti-embolic stockings (graduated) knee high IF non vascular procedure
- Intermittent pneumatic compression; place in OR IF non vascular procedure
- Confirm that chest x-rays and CT of chest are available for OR
- Give scheduled beta blocker in the morning prior to surgery hold if heart rate less than 50 bpm and notify anesthesia

Respiratory

- Oxygen Delivery RT/RN to determine: Titrate to keep oxygen saturation greater or equal to 92%
- Education, incentive spirometry
- Bedside spirometry evaluation O2 saturation on room air
- Pulmonary function tests
- Incentive spirometry every 2 hours, while awake

Diet

- NPO except medications after midnight day of surgery

IV/ Line Placement

- Peripheral IV insert/maintain
- Peripheral IV insert/maintain Place second IV

IV Fluids

Sodium Chloride 0.9% IV

- 75 milliliter/hour continuous intravenous infusion IF no other maintenance fluids are ordered, Begin at 0600 for 0800 surgery, all surgery times begin at 0800

Lactated Ringers IV

- 75 milliliter/hour continuous intravenous infusion IF no other maintenance fluids are ordered, Begin at 0600 for 0700 surgery, all surgery times begin at 0800

Initials _____

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Perioperative Antibacterial Prophylaxis

chlorhexidine gluconate 0.12% mouthwash (PERIDEX)

- 15 milliliter orally (swish and spit) 2 times a day (Give AM of surgery)

Reminders: Penicillin Allergy

- Penicillin allergy unknown reaction or known anaphylactic reaction: If patient believes they are penicillin allergic- discuss signs/symptoms of anaphylaxis to determine if cephalosporins are safe. If has had symptoms of anaphylaxis (loss of consciousness, shock, difficulty breathing, airway closure from laryngeal edema, hypotension with onset less than 1 day after taking penicillin) or unable to determine the reaction type: DO NOT USE CEPHALOSPORINS.
- Penicillin allergy known non-anaphylactic reaction: If patient reaction to penicillin is rash, hives, swelling, skin redness, itching or GI symptoms with onset of greater than 1 day- MAY USE CEPHALOSPORINS.

INITIATE GROUP 1 Surgical Pre-op Antibiotic Prophylaxis Protocol

- After provider initiation of the group 1 protocol, nursing is to select appropriate antibiotics from the group 1 protocol choices below:

No Cephalosporin Allergy and No Anaphylaxis to Penicillin:

ceFAZolin (ANCEF)

- 2 gram intravenously once 0-60 minutes prior to surgical incision and repeat dose every 4 hours if surgical case is greater than 4 hours
- 3 gram intravenously once (Select for patients greater than 120 kilogram) 0-60 minutes prior to surgical incision and repeat dose every 4 hours if surgical case is greater than 4 hours

Cephalosporin Allergy OR Anaphylaxis to Penicillin OR unable to determine reaction type to Penicillin:

clindamycin (CLEOCIN)

- 900 milligram intravenously once 0-60 minutes prior to surgical incision and repeat dose every 6 hours if surgical case is greater than 6 hours

INITIATE MRSA/MSSA Treatment Protocol

- After provider initiation protocol, nursing is to select from the protocol options below:
MRSA positive yes no
MSSA positive yes no

IF MRSA or MSSA screen is positive: SELECT

mupirocin (BACTROBAN) 2% nasal ointment

- 0.5 gram in each nostril 2 times a day for 5 day = 10 total doses Begin day of surgery and/or give dose just prior to surgery

MRSA positive screen or history of MRSA without pre-op screen: SELECT in addition to above antibiotics

- Select for all positive pre-op MRSA screen results prior to mupirocin (BACTROBAN) treatment regardless of post mupirocin (BACTROBAN) MRSA screen results
vancomycin (VANCOCIN)
 - 15 milligram/kilogram intravenously once (2 gram MAX) 0-120 minutes prior to surgical incision, no repeat dose needed Pharmacy to dose

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Medications

For Carotid Endarterectomy Procedures SELECT:

nitroprusside (NITROPRESS) 50 mg/250 mL NS

- ON CALL TO OR
- Other: _____

Laboratory

- Order the following preoperative laboratory and diagnostic tests after review of medical records, history and physical exam, and procedure type ONLY if not included in anesthesia protocol
- MRSA/MSSA by PCR for all patients who will receive prophylactic antibiotics -May be obtained up to 30 days prior to surgery
- CBCD/ AUTO DIFF
- Basic metabolic panel
- Comprehensive metabolic panel
- UA Culture if indicated
- PTT
- PT and INR
- Blood gas study arterial

Select Type and Screen for all AAA and Major Vascular Procedures:

- Type and screen -obtain with pre-op labs on all outpatients Special instructions: AAA or Major Vascular Case

Blood Bank

- ALL blood products are leukoreduced, this attribute does not need to be ordered.
- If patient antibody screen is POSITIVE; obtain type and crossmatch the DAY BEFORE surgery
- If patient antibody screen is NEGATIVE; obtain type and crossmatch the DAY OF surgery
- PACKED CELL (TYPE & CROSS) [BBK]
 - Quantity: _____
 - If product is for OR, when (if known) _____
 - Additional Instructions for Blood Bank: if antibody screen is positive, crossmatch day prior to surgery

Radiology and Diagnostic Tests

- ECG If not done in past 1 month; Reason for exam: age greater than 40
- CT head with contrast Reason for exam: _____
- CT head without contrast Reason for exam: _____
- CT Chest with IV contrast Reason for exam: _____
- CT Chest without IV contrast Reason for exam: _____
- CT Abdomen with IV contrast Reason for exam: _____
- CT Abdomen without IV contrast Reason for exam: _____

Consults

- Consult to anesthesiology regarding _____

Provider Signature: _____ Date: _____ Time: _____