

(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: \_\_\_\_\_

**ENDOVASCULAR ANEURYSM REPAIR (EVAR) POSTOPERATIVE** Version 7 Approved 11/27/2018

Preferred Location \_\_\_\_\_

**Labs and Xray:** H&H @ \_\_\_\_\_ today

Plain abdominal X-ray in PACU

CBC and BMP in a.m.

**Diet:** Clear liquids when fully awake; advance diet as tolerated

**IVs:** IV: 1/2 NS @ 150ml/hr x 2 hrs, then D5-1/2 with 20 mEq KCL/liter @ 100 ml/hr

Heart healthy nutrition education.

Inpatient cardiac rehab consult for cardiovascular risk factor management

Glucose management, consult: \_\_\_\_\_

**Nursing Care:**

Post-op

VS and Vascular checks q 15 min. x 2, q 30 min. x 2, Q 1 hr. x 6, then Q 2 hrs..

Turn q 2 hrs, May elevate HOB 30 degrees

Foley to drainage

SCD,  AVI,  Thigh TEDS,  Knee TEDs

I & O

Call if urine output <40ml/hr x 2

Day one post-op

Up in chair and ambulate

Remove Foley

**Medications:**

Analgesia \_\_\_\_\_

Post-op Antibiotic \_\_\_\_\_

DC no later than 24 hrs PO

Reglan 10 mg IV q 2hrs prn nausea

Zofran 4 mg IV q 4 hrs prn nausea unrelieved with Reglan

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: \_\_\_\_\_