LOWER EXTREMITY REvascularization

Post-op plan

05/04/2012 (#847 R-4)

A UMC Health System Performance Improvement Initiative for use in all units where patients with vascular surgery are admitted in support of the Surgical Care Improvement Program (SCIP).

* Denotes guideline requirement for Core Measure.

Antibiotic administered in the OR at: ________

1. Attending Physician: _____________________________ Resident/Fellow _______________________

2. ☐ Consult: Dietitian for diabetes education
   Other: ____________________________

3. Status: ☐ ______CICU ☐ Other: _________

4. Code Status: ☐ Full Code ☐ DNR ☐ Comfort Care ☐ Other _____________________________

5. Co-Morbidities: _____________________________

6. Condition: ☐ Full Admission ☐ Observation ☐ Stable ☐ Fair ☐ Serious ☐ Critical

7. Allergies: ☐ NKDA ☐ Allergic to: ____________________________

8. Do not resume any Pre-Op Orders

9. Nursing:
   ☐ Vital Signs every 15 Minutes x 2 hours, every 30 minutes x 4 hours, every 1 hour x 2, then every 4 hours when stable
   ☐ Check FOOT PULSES every 1 hour x 12 hours, then every 4 hours (Dorsalis Pedis and Posterior Tibial)
   ☐ Check operative site every 5 minutes x 3, then every 10 minutes x 3 for bleeding
   ☐ Ice pack to incisions as needed
   ☐ Intake and output per ICU routine
   ☐ Diet: ☐ NPO until awake; Progress to sips and chips, clear liquids, and to the Pre-op diet ordered
   ☐ Other _____________________________
   ☐ Activity: ☐ HOB 20-25 degrees ☐ Ambulate TID and as needed
   ☐ Treatments: ____________________________
   ☐ Change dressings in the a.m., then daily, and as needed

10. Laboratory/Diagnostic:
    ☐ Upright Chest X-ray (portable) NOW – upon arrival to ICU for ____________________________
    ☐ Other: ____________________________

11. Respiratory Therapy:
    ☐ Respiratory Care Plan
    ☐ Vent Settings: See Ventilator Care and Weaning – Post Op Open Heart Orders
    ☐ SaO2 Monitoring ☐ O2 @ ____ liters per ____________________________
    ☐ Call surgeon for SaO2 less than 90%
    ☐ Wean O2 via nasal cannula 1-5 L/min to keep SaO2 greater than or equal to 90%
    ☐ Incentive Spirometry 10 times every 1 hour while awake

☐ TO ☐ Read back
Order taken by Signature: _____________________________ Date/Time: ____________________________

Physician Signature _____________________________ Date/Time ____________________________

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12. **IV:**
- Maintain saline lock
- Complete present IV at _________ ml/hour and then D/C
- Continuous IV D5½NS with _________ mEq of KCL to run at _________ ml/hr; when tolerating diet change to saline lock

13. **MEDICATIONS:** Refer also to Admission Medication Reconciliation Form and Discomfort Orders

- **NO HEPARIN FLUSHES**

**Hemodynamics:**
- Nitroprusside (Nipride) 50mg/D5W 250 ml. to run at ______ to keep SBP less than _______; DBP less than _______
- Nicardipine (Cardene) for systolic BP greater than ________. Start at 5 mg/hour IV; adjust by 2.5 mg every 15 minutes as needed not to exceed _________ mg/hour (Max 15 mg/hour)
- Labetolol 5 mg IVP every 10 minutes to keep systolic BP less than 150 (hold if HR less than 60 beats/min)
- Enalapril (Vasotec) 1.25 mg – 2.5 mg IVP every 6 hours as needed to keep systolic BP less than 150
- Clonidine 0.1 mg PO or SL every 1 hour as needed for systolic BP greater than 150; do not exceed 0.7mg in 24 hours

**Antibiotics:**
*All prophylactic antibiotics should be D/C’d within 24 hours after Anesthesia.*
- Cefuroxime 1.5 grams IV x 1 dose; begin 12 hours after the pre-op dose was given
- Cefazolin (Ancef) 1 gm IV every 8 hours for 24 hours; begin 8 hours after the pre-op dose was given
- If Penicillin or ß-Lactam allergy give: Vancomycin 1 gram IVPB x 1 dose; begin 12 hrs after the pre-op dose given

**Vancomycin Requires Justification for use:** _______________________________________

**Therapeutic Antibiotic – Antibiotic coverage ordered for greater than 24 hours post op, requires documentation of indication.**

- **Therapeutic Antibiotic:** ____________________________________________________________________

**Reason antibiotic was continued or added greater than 24 hours post-operatively (48 hours for Coronary Artery Bypass Graft [CABG]):** Must be documented by physician / advance practice nurse / physician assistant within 2 days (3 days for CABG or other cardiac surgery) following the principle procedure with the day of surgery being Day Zero.

<table>
<thead>
<tr>
<th>Abscess</th>
<th>Necrosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute abdomen</td>
<td>Necrotic/ischemic/infarcted bowel</td>
</tr>
<tr>
<td>Aspiration pneumonia</td>
<td>Osteomyelitis</td>
</tr>
<tr>
<td>Bloodstream infection</td>
<td>Other documented infection</td>
</tr>
<tr>
<td>Bone infection</td>
<td>Penetrating abdominal trauma</td>
</tr>
<tr>
<td>Cellulitis</td>
<td>Perforation of bowel</td>
</tr>
<tr>
<td>Endometritis</td>
<td>Pneumonia or other lung infection</td>
</tr>
<tr>
<td>Fecal Contamination</td>
<td>Purulence/pus</td>
</tr>
<tr>
<td>Free air in abdomen</td>
<td>Sepsis</td>
</tr>
<tr>
<td>Gangrene</td>
<td>Surgical site or wound infection</td>
</tr>
<tr>
<td>H. pylori</td>
<td>Urinary tract infection (UTI)</td>
</tr>
</tbody>
</table>
Anti-Platelet:
- Aspirin 325 mg 1 tab PO daily
- Clopidogrel (Plavix) 75 mg 1 tab PO daily; Begin on POD#1
- with Aspirin 81 mg 1 tab PO daily

Blood sugar management:
- Initiate ___________ sliding scale for glucose management
- Hold metformin (glucophage) for 48 hours after procedure

14. **VTE PROPHYLAXIS:**
- *Start within 12 hrs. Post-operatively*
- *Start within 24 hrs. Post-operatively*
  - Heparin 5000 units SQ  BID  every 8 hours
  - Warfarin (Coumadin) ______ mg PO ______
  - Enoxaparin (Lovenox):  30 mg SQ daily (Creatinine < 30 ml/min)  40 mg SQ daily
  - TED hose (thigh high)
  - Plexi pulse (foot pumps) Justification for use: ____________________________________________

Reason for not administering venous thromboembolism prophylaxis:
*Must be documented by physician / advance practice nurse / physician assistant within 24 hours of Anesthesia end time.*

<table>
<thead>
<tr>
<th>Bleeding risk</th>
<th>Gastrointestinal bleed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemorrhage</td>
<td>Patient refusal</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>Excessive bleeding</td>
</tr>
<tr>
<td>Active bleeding (gastrointestinal bleeding, cerebral hemorrhage, retroperitoneal bleeding)</td>
<td></td>
</tr>
<tr>
<td>Patients on continuous IV Heparin therapy within 24 hours before or after surgery</td>
<td></td>
</tr>
</tbody>
</table>

14. **PATIENT COUNSELING:**
- ☑ Provide smoking cessation counseling for patients with history of smoking cigarettes within the past year.
- ☐ Provide diabetes counseling

15. **CALL ATTENDING PHYSICIAN FOR:**
- ☐ Sustained systolic BP greater than ____________
PATIENT DISCOMFORT MEDICATION PLAN

Indicate desired medications by checking appropriate box. If more than one box is checked for an indication, then use the ordered medications in the descending order.

PAIN MANAGEMENT: (TARGET MAXIMUM OF 3000 MG OF ACETAMINOPHEN PER 24 HOURS FROM ALL SOURCES) (DO NOT EXCEED 4000MG OF ACETAMINOPHEN PER 24 HOURS)

MILD PAIN (Pain Scale 1-3):
☐ Acetaminophen (Tylenol) 500–1000 mg PO every 4 hours PRN mild pain (Do not exceed 4,000 mg in 24 hours), if NPO use:
☐ Acetaminophen (Tylenol) 650 mg suppository PR every 4 hours PRN mild pain (Do not exceed 4,000 mg in 24 hours), if acetaminophen is ineffective/contraindicated use:
☐ Ibuprofen (Motrin) 400 mg PO every 6 hours PRN mild pain (Do not exceed 3,200 mg in 24 hours)
☐ Other

MILD PAIN (Pain Scale 1-3):
☐ Acetaminophen (Tylenol) 500–1000 mg PO every 4 hours PRN mild pain (Do not exceed 4,000 mg in 24 hours), if NPO use:
☐ Acetaminophen (Tylenol) 650 mg suppository PR every 4 hours PRN mild pain (Do not exceed 4,000 mg in 24 hours), if acetaminophen is ineffective/contraindicated use:
☐ Ibuprofen (Motrin) 400 mg PO every 6 hours PRN mild pain (Do not exceed 3,200 mg in 24 hours)
☐ Other

MODERATE PAIN (Pain Scale 4-7):
☐ Hydrocodone/acetaminophen (Lortab) 5/500 mg 1–2 tabs PO every 4 hours PRN moderate pain (Do not exceed 4 grams of acetaminophen in 24 hours), if ineffective/contraindicated or NPO use:
☐ Ketorolac (Toradol) 15–30 mg IV every 6 hours PRN moderate pain x 48 hours (May give IM if no IV access)
☐ Other

SEVERE PAIN (Pain Scale 8-10):
☐ Morphine 2–4 mg slow IV push every 4 hours PRN severe pain, if ineffective/contraindicated use:
☐ Hydromorphone (Dilaudid) 1 mg slow IV push every 4 hours PRN severe pain
☐ Other

NAUSEA/VOMITING:
☐ Promethazine (Phenergan) 25 mg PO every 4 hours PRN nausea/vomiting, if ineffective/contraindicated or NPO use:
☐ Ondansetron (Zofran) 4 mg IV every 8 hours PRN nausea/vomiting
☐ Other

BOWEL MANAGEMENT:
☐ Docusate (Colace) 100 mg PO at bedtime PRN for constipation, if contraindicated or ineffective after 12 hours use:
☐ Bisacodyl (Dulcolax) 10 mg suppository PR daily PRN constipation, if contraindicated or ineffective after 6 hours use:
☐ Sodium phosphate enema (Fleet enema) PR daily PRN constipation (Do not use in renal patients)
☐ Other

INDIGESTION/GAS:
☐ Aluminum hydroxide/magnesium hydroxide (Maalox) 30 ml PO every 4 hours PRN indigestion
☐ Simethicone (Mylicon) 80–160 mg PO every 4 hours PRN gas/bloating
☐ Other

DIARRHEA:
☐ Loperamide (Imodium) 4 mg PO initially then 2 mg PO with each loose stool (Max 16 mg hours)
☐ Other

☐ TO  ☐ Read back
Order taken by Signature: __________________________ Date/Time: __________________________
Physician Signature __________________________ Date/Time __________________________
Indicate desired medications by checking appropriate box. If more than one box is checked for an indication, then use the ordered medications in the descending order.

ANXIETY:
- Alprazolam (Xanax) 0.25 mg PO three times a day PRN anxiety, if ineffective/contraindicated or NPO use:
- Lorazepam (Ativan) 0.5 – 1 mg IV every 6 hours PRN anxiety
- Other

SLEEPLESSNESS:
- Zolpidem (Ambien) 5 mg PO at bedtime PRN sleeplessness, may repeat x 1 in one hour if ineffective
- Other

ALLERGIC REACTIONS:
- Diphenhydramine (Benadryl) 25 mg PO every 4 hours PRN itching, if ineffective or NPO use:
- Diphenhydramine (Benadryl) 25 mg IV every 4 hours PRN itching
- Other

COUGH / SORE THROAT:
- Phenol-menthol (Cepastat) 1 lozenge PO PRN sore throat (Do not exceed 6 lozenges in 24 hours)
- Guaifenesin/dextromethorphan (Robitussin DM) 10 ml PO every 4 hours PRN cough
- Other

TEMPERATURE:
- Acetaminophen (Tylenol) 500–1000 mg PO every 4 hours PRN fever (Do not exceed 4,000 mg in 24 hours), if ineffective/contraindicated use:
- Ibuprofen (Motrin) 200–400 mg PO every 4 hours PRN fever (Do not exceed 3,200 mg in 24 hours)
- Other

HEMORRHOIDS:
- Witch hazel/glycerin (Tucks) pads at bedside wipe affected area as PRN, if ineffective use:
- Mineral oil/petrolatum/phenylephrine (Preparation H) ointment apply to affected area every 6 hours PRN. If ineffective/contraindicated use:
- Pramoxine/hydrocortisone (Proctofoam HC) at bedside apply to affected area every 8 hours PRN

MUCOSITIS:
- Dexamethasone/diphenhydramine/nystatin/NS (Fred’s Brew) 15 ml swish and spit every 2 hours while awake PRN mucositis. If ineffective/contraindicated use:
- Viscous lidocaine (Xylocaine) 15 ml swish and spit every 4 hours PRN mucositis

BLADDER SCAN:
- Bladder scan as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hours post-Foley removal and patient has not voided. If bladder scan volume is >250 ml please notify the physician.

OTHER:

TO  Read back
Order taken by Signature: ____________________________ Date/Time: ____________________________
Physician Signature ____________________________ Date/Time ____________________________