

UMC Health System CARD THORACOTOMY POST-OP PLAN	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Continuous Telemetry (Intermediate Care)

Intermittent Telemetry

Central Venous Pressure Monitoring

Arterial Pressure Monitoring

Pulmonary Artery Pressure Monitoring

Vital Signs

Per Unit Standards

Strict Intake and Output

Strict Drain/Tube Output

Record chest tube drainage every 8 hours

Urinary Catheter Care

Discontinue Urinary Catheter

DC Foley

Patient Activity

Bedrest, Bed Position: HOB Greater Than or Equal to 20 degrees

Dangle at Bedside, QID, progress to bedside chair TID

Maintain Chest Tube

Thoraseal drainage containers to separate wall suction

Maintain Gastric Tube

Maintain Sump, Low Intermittent Suction, #18 Salem Sump; PRN gastric distention

Insert Gastric Tube

Sump, To: Low Intermittent Suction, #18 Salem Sump; PRN gastric distention

Apply Sequential Compression Device

Apply to Bilateral Lower Extremities

Apply to Right Lower Extremity (RLE)

Apply to Left Lower Extremity (LLE)

Wound Care by Nursing

Change Daily, and as needed.

Communication

Notify Provider (Misc)

Notify Patient's Cardiologist, Reason: cardiac arrhythmias

Dietary

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Physician Signature: _____ Date _____ Time _____



PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>Oral Diet</p> <p><input type="checkbox"/> Clear Liquid Diet, when fully awake</p> <p><input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Full Liquid, when fully awake</p> <p><input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular, when fully awake</p> <p><input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Heart Healthy, when fully awake</p>
	<p>NPO Diet</p> <p><input type="checkbox"/> NPO <input type="checkbox"/> NPO, Except Meds</p> <p><input type="checkbox"/> NPO, Except Ice Chips <input type="checkbox"/> NPO, Except Meds, Except Ice Chips</p>
IV Solutions	
	<p>1/2 NS</p> <p><input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr</p> <p><input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr</p>
	<p>D5 1/2 NS</p> <p><input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr</p> <p><input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr</p>
	<p>D5 1/2 NS + 20 mEq KCl/L</p> <p><input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr</p> <p><input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr</p>
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
Antibiotics	
	<p>Prophylactic Antibiotic Therapy</p> <p>If penicillin or B-Lactam allergy, give vancomycin</p> <p>cefuroxime (Zinacef)</p> <p><input type="checkbox"/> 1.5 g, IVPush, inj, q8h, x 2 dose, Pre-OP/Post-Op Prophylaxis</p> <p>Give 8 hours after the pre-op dose was given.</p> <p>Reconstitute with 16 mL of Sterile Water or NS</p> <p>Administer Slow IV Push over 3-5 minutes.</p>
	<p>vancomycin</p> <p><input type="checkbox"/> 1,000 mg, IVPB, ivpb, q12h, x 2 dose, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis</p> <p>Give 12 hours after the pre-op dose was given.</p>
Gastrointestinal Agents	
	<p>famotidine</p> <p><input type="checkbox"/> 20 mg, IVPush, inj, BID</p> <p>Change to PO when taking PO fluids.</p> <p>Dilute to 2 mg/mL with NS. IV push over 2 min.</p> <p>Continued on next page....</p>

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ORDER	ORDER DETAILS
Laboratory	
	CBC <input type="checkbox"/> STAT, T;N
	CBC <input type="checkbox"/> Routine, T;N, Every AM 3 days
	Comprehensive Metabolic Panel <input type="checkbox"/> STAT, T;N
	Comprehensive Metabolic Panel <input type="checkbox"/> Routine, T;N, Every AM 3 days
	Magnesium Level <input type="checkbox"/> Routine, T;N, Every AM 3 days
Diagnostic Tests	
	DX Chest Portable <input type="checkbox"/> STAT
	DX Chest Portable <input type="checkbox"/> Routine, Every 0300
Respiratory	
	Oxygen Therapy <input type="checkbox"/> 1-5 L/min, Keep sats greater than: 90%
	Continuous Pulse Oximetry
	Arterial Blood Gas <input type="checkbox"/> STAT
	Respiratory Care Plan Guidelines
	IS Instruct <input type="checkbox"/> IS Instructions: While awake, 10 times every hour.
...Additional Orders	

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UMC Health System DISCOMFORT MED PLAN	Patient Label Here
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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Patient Care
	Perform Bladder Scan <input type="checkbox"/> Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge) <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
	dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) <input type="checkbox"/> 15 mL, swish & spit, liq, q2h, PRN mucositis While awake
	Anti-pyretics
	Select only ONE of the following for fever
	acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	ibuprofen <input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food. <input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.
	Analgesics for Mild Pain
	Select only ONE of the following for mild pain
	acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	ibuprofen <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***. Give with food.
	Analgesics for Moderate Pain
	Select only ONE of the following for moderate pain

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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	traMADol <input type="checkbox"/> 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-7) <input type="checkbox"/> 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-7)
	ketorolac <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-7), x 48 hr ***May give IM if no IV access***
Analgesics for Severe Pain	
	Select only ONE of the following for severe pain morphine <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)
	HYDROmorphine <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)
Antiemetics	
	Select only ONE of the following for nausea/vomiting promethazine <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea/vomiting
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea/vomiting
Gastrointestinal Agents	
	Select only ONE of the following for constipation docusate <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation
	bisacodyl <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation
Antacids	
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.

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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>simethicone</p> <p><input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas</p>
Anxiety	
	<p>Select only ONE of the following for anxiety</p> <p>ALPRAZolam</p> <p><input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety</p>
	<p>LORazepam</p> <p><input type="checkbox"/> 0.5 mg, IVPush, inj, q6h, PRN anxiety <input type="checkbox"/> 1 mg, IVPush, inj, q6h, PRN anxiety</p>
Insomnia	
	<p>Select only ONE of the following for insomnia</p> <p>ALPRAZolam</p> <p><input type="checkbox"/> 0.25 mg, PO, tab, Nightly, PRN insomnia</p>
	<p>LORazepam</p> <p><input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia</p>
	<p>zolpidem</p> <p><input type="checkbox"/> 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective</p>
Antihistamines	
	<p>diphenhydrAMINE</p> <p><input type="checkbox"/> 25 mg, PO, cap, q4h, PRN itching <input type="checkbox"/> 25 mg, IVPush, inj, q4h, PRN itching</p>
Anorectal Preparations	
	<p>Select only ONE of the following for hemorrhoid care</p> <p>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</p> <p><input type="checkbox"/> 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area</p>
	<p>mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)</p> <p><input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area</p>

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Order Taken by Signature: _____ Date _____ Time _____

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UMC Health System GERIATRIC DISCOMFORT MED PLAN	Patient Label Here
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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Patient Care
	Perform Bladder Scan <input type="checkbox"/> Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge) <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
	melatonin <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia
	Analgesics for Mild Pain
	Select only ONE of the following for Mild Pain
	acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	ibuprofen <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.
	Analgesics for Moderate Pain
	Select only ONE of the following for Moderate Pain
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) **** Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*****
	Analgesics for Severe Pain
	Select only ONE of the following for Severe Pain
	morphine <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)
	HYDROmorphone <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)
	Antiemetics

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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea/vomiting
	Gastrointestinal Agents Select only ONE of the following for constipation docusate <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation
	bisacodyl <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation
	Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.
	simethicone <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
	Anti-pyretics Select only ONE of the following for fever acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	ibuprofen <input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. <input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.
	Anorectal Preparations Select only ONE of the following for hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) <input type="checkbox"/> 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment) <input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area

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UMC Health System PCA MED PLAN	Patient Label Here
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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
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Communication

Notify Provider of VS Parameters (Notify Provider if VS)
 RR Less Than 10, Patient becomes unresponsive

Medication Management (Notify Nurse and Pharmacy)
 Start date T;N
 If respirations fall below 10 breaths per minute or patient becomes unresponsive, stop PCA pump.

IV Solutions

*****CAUTION*****
 Ordering a continuous rate (Basal Dose), should be reserved for opioid tolerant patients who require high dose therapy.

*****DOSING NOTES***:**

1. Initial doses are for opioid naive patients. Chronic pain patients may require higher doses.
2. Decrease initial starting dose by 25-30% in patients greater than 65 years of age, and/or patients with renal, hepatic, or pulmonary impairment.
3. Hydromorphone and fentanyl are recommended for patients with renal impairment and/or those who cannot tolerate morphine.

morphine (morphine 30 mg/30 mL PCA)

Dose (mg) = 1, Lock-out Interval (min) = 8, 4-hour Limit (mg) = 20, Start date/time T;N

Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, Start date/time T;N

Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, Start date/time T;N

HYDROMorphone (HYDROMorphone 6 mg/30 mL PCA)

Dose (mg) = 0.1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 2, Start date/time T;N

Dose (mg) = 0.2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 4, Start date/time T;N

Dose (mg) = 0.3, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 6, Start date/time T;N

fentaNYL (fentaNYL 300 mcg/30 mL PCA)

Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 100, Start date/time T;N

Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 150, Start date/time T;N

Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 200, Start date/time T;N

If no IV Fluid is currently infusing, start 0.9% sodium chloride to keep vein open for duration of PCA

NS (Normal Saline)

1,000 mL final vol, IV, 20 mL/hr

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

ACUTE MANAGEMENT OF RESPIRATORY DEPRESSION
 If respiratory rate is less than 10 breaths/min or patient is unresponsive

1. Stop PCA Pump
2. Administer naloxone (Narcan) as ordered until respiratory rate is greater than 10 breaths/min.
3. Notify Physician

naloxone

0.1 mg, IVPush, inj, q2min, PRN bradypnea
 May give undiluted or dilute 0.4 mg into 9 mL of normal saline for a total volume of 10 mL to achieve a 0.04 mg/mL concentration (0.1 mg = 2.5 mL).

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UMC Health System

PCA MED PLAN

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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Respiratory

Continuous Pulse Oximetry

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UMC Health System POST OP OPEN HEART VENTILATOR PROTOCOL PLAN	Patient Label Here
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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Respiratory
	Post Op Open Heart Ventilator Protocol (Post Op Open Heart Ventilator Care & Weaning Protocol) <input type="checkbox"/> ***See Reference Text***
	Notify RT (May decrease Tidal Volume less than 6mL/kg) <input type="checkbox"/> May decrease Tidal Volume less than 6mL/kg
	Notify RT (DO NOT decrease Tidal Volume less than 6mL/kg) <input type="checkbox"/> DO NOT decrease Tidal Volume less than 6mL/kg
	Notify RT (ABG parameters should be drawn correlate ETCO2, SaO2 & document SvO2, K+, Lactate & Ionized Ca) <input type="checkbox"/> ABG parameters should be drawn correlate ETCO2, SaO2 & document SvO2, K+, Lactate & Ionized Ca
	Notify RT (Wean Vent per Standing Delegation Orders Begin @) <input type="checkbox"/> Wean Vent per Standing Delegation Orders Begin @
	Notify RT (Call Anesthesia with NIF, VC, CPAP and ABG) <input type="checkbox"/> Call Anesthesia with NIF, VC, CPAP and ABG
	Notify RT (Overnight with a goal of CPAP) <input type="checkbox"/> Overnight with a goal of CPAP
	Notify RT (Overnight with a goal of extubate at 0630) <input type="checkbox"/> Overnight with a goal of extubate at 0630
	Notify RT (Respiratory Therapy evaluation upon extubation) <input type="checkbox"/> Respiratory Therapy evaluation upon extubation
	Respiratory Care Plan Guidelines

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<p>UMC Health System</p> <p>VTE PROPHYLAXIS PLAN</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS						
	Patient Care						
	<p>VTE Guidelines</p> <p><input type="checkbox"/> See Reference Text for Guidelines</p>						
	<p>***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated***</p> <p>Contraindications VTE</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Active/high risk for bleeding</td> <td><input type="checkbox"/> Treatment not indicated</td> </tr> <tr> <td><input type="checkbox"/> Patient or caregiver refused</td> <td><input type="checkbox"/> Other anticoagulant ordered</td> </tr> <tr> <td><input type="checkbox"/> Anticipated procedure within 24 hours</td> <td><input type="checkbox"/> Intolerance to all VTE chemoprophylaxis</td> </tr> </table>	<input type="checkbox"/> Active/high risk for bleeding	<input type="checkbox"/> Treatment not indicated	<input type="checkbox"/> Patient or caregiver refused	<input type="checkbox"/> Other anticoagulant ordered	<input type="checkbox"/> Anticipated procedure within 24 hours	<input type="checkbox"/> Intolerance to all VTE chemoprophylaxis
<input type="checkbox"/> Active/high risk for bleeding	<input type="checkbox"/> Treatment not indicated						
<input type="checkbox"/> Patient or caregiver refused	<input type="checkbox"/> Other anticoagulant ordered						
<input type="checkbox"/> Anticipated procedure within 24 hours	<input type="checkbox"/> Intolerance to all VTE chemoprophylaxis						
	<p>Apply Elastic Stockings</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High</td> <td><input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High</td> </tr> <tr> <td><input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High</td> <td><input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High</td> </tr> <tr> <td><input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High</td> <td><input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High</td> </tr> </table>	<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High	<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High	<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High	<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High	<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High	<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High
<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High	<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High						
<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High	<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High						
<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High	<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High						
	<p>Apply Sequential Compression Device</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Apply to Bilateral Lower Extremities</td> <td><input type="checkbox"/> Apply to Left Lower Extremity (LLE)</td> </tr> <tr> <td><input type="checkbox"/> Apply to Right Lower Extremity (RLE)</td> <td></td> </tr> </table>	<input type="checkbox"/> Apply to Bilateral Lower Extremities	<input type="checkbox"/> Apply to Left Lower Extremity (LLE)	<input type="checkbox"/> Apply to Right Lower Extremity (RLE)			
<input type="checkbox"/> Apply to Bilateral Lower Extremities	<input type="checkbox"/> Apply to Left Lower Extremity (LLE)						
<input type="checkbox"/> Apply to Right Lower Extremity (RLE)							
	<p>Apply Pedal Pump</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Apply to Bilateral Feet</td> <td><input type="checkbox"/> Apply to Left Foot</td> </tr> <tr> <td><input type="checkbox"/> Apply to Right Foot</td> <td></td> </tr> </table>	<input type="checkbox"/> Apply to Bilateral Feet	<input type="checkbox"/> Apply to Left Foot	<input type="checkbox"/> Apply to Right Foot			
<input type="checkbox"/> Apply to Bilateral Feet	<input type="checkbox"/> Apply to Left Foot						
<input type="checkbox"/> Apply to Right Foot							
	Medications						
	<p>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</p> <p>VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight.</p> <p>enoxaparin (enoxaparin for weight 40 kg or GREATER)</p> <p><input type="checkbox"/> 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to Adjust Dose per Renal Function Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight</p>						
	<p>heparin</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 5,000 units, subcut, inj, q12h</td> <td><input type="checkbox"/> 5,000 units, subcut, inj, q8h</td> </tr> </table>	<input type="checkbox"/> 5,000 units, subcut, inj, q12h	<input type="checkbox"/> 5,000 units, subcut, inj, q8h				
<input type="checkbox"/> 5,000 units, subcut, inj, q12h	<input type="checkbox"/> 5,000 units, subcut, inj, q8h						
	<p>VTE Prophylaxis: Non-Trauma Dosing</p> <p>enoxaparin (enoxaparin for weight 40 kg or GREATER)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</td> </tr> <tr> <td><input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</td> </tr> <tr> <td><input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</td> </tr> <tr> <td><input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function</td> </tr> </table>	<input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function	<input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function	<input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function	<input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function		
<input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function							
<input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function							
<input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function							
<input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function							
	<p>rivaroxaban</p> <p><input type="checkbox"/> 10 mg, PO, tab, In PM</p>						
	<p>warfarin</p> <p><input type="checkbox"/> 5 mg, PO, tab, In PM</p>						
	<p>aspirin</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 81 mg, PO, tab chew, Daily</td> <td><input type="checkbox"/> 325 mg, PO, tab, Daily</td> </tr> </table>	<input type="checkbox"/> 81 mg, PO, tab chew, Daily	<input type="checkbox"/> 325 mg, PO, tab, Daily				
<input type="checkbox"/> 81 mg, PO, tab chew, Daily	<input type="checkbox"/> 325 mg, PO, tab, Daily						

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



VTE PROPHYLAXIS PLAN

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min</p> <p>fondaparinux</p> <p><input type="checkbox"/> 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min</p>

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