

<b>UMC Health System</b>  OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN - Phase: Open AAA/Major Abdominal General Orders	<b>Patient Label Here</b>
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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**

**Vital Signs**  
 Per Unit Standards

**Maintain Gastric Tube**  
 Maintain Nasogastric - NG, Low Intermittent Suction       Maintain Nasogastric - NG, Low Constant Suction

**Urinary Catheter Care**

**Strict Intake and Output**  
 q1h       Per Unit Standards

**Perform Neurovascular Checks**  
 q1h, X 24 hrs then q4h

**Daily Weight**

**Patient Activity**  
 Bedrest       Up in Chair  
 Up Ad Lib/Activity as Tolerated | Assist as Needed       Up to Bedside Commode Only  
 Bathroom Privileges

**Instruct Patient**  
 Instruct Patient On: Incentive spirometry

**Instruct to Turn, Cough, & Deep Breath**  
 q2h, while awake

**Perform Range of Motion Exercises**  
 q2h, while awake

**Apply Sequential Compression Device**  
 Apply to Bilateral Lower Extremities       Apply to Left Lower Extremity (LLE)  
 Apply to Right Lower Extremity (RLE)

**Wound Care by Nursing**  
 Change PRN, with the first dressing change within the first 24hrs post-op.

**Communication**

**Notify Provider/Primary Team of Pt Admit**  
 Upon Arrival to Floor/Unit

**Notify Provider of VS Parameters**

**Notify Provider (Misc)**  
 Reason: If Hemoglobin is less than 10%

**Notify Provider (Misc)**  
 Reason: Before initiating IV fluid with KCL on renal impaired patients with a creatinine greater than 2.

**Dietary**

**NPO Diet**  
 NPO

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
 - Phase: Open AAA/Major Abdominal General  
 Orders

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
	<b>Oral Diet</b> <input type="checkbox"/> Regular Diet <input type="checkbox"/> Full Liquid Diet <input type="checkbox"/> Renal Diet <input type="checkbox"/> Clear Liquid Diet <input type="checkbox"/> Mechanically Altered Diet
	<b>ADA Diet</b>
<b>IV Solutions</b>	
	<b>LR</b> <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr
	<b>D5 1/2 NS</b> <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr
	<b>1/2 NS</b> <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr
	***If patient has renal impairment (creatinine greater than 2) notify physician before initiating IV fluids with potassium*** <b>D5 1/2 NS + 20 mEq KCl/L</b> <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr
	***If patient has renal impairment (creatinine greater than 2) notify physician before initiating IV fluids with potassium*** <b>1/2 NS + 20 mEq KCl/L</b> <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr
<b>Medications</b>	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
<b>GI Prophylaxis</b>	
	<b>famotidine</b> <input type="checkbox"/> 20 mg, PO, tab, BID <input type="checkbox"/> 20 mg, IVPush, inj, BID
<b>Antibiotics</b>	
	<b>ceFAZolin</b> <input type="checkbox"/> 1 g, IVPush, inj, q8h, x 2 dose, Pre-OP/Post-Op Prophylaxis Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes Continued on next page....

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**UMC Health System**

Patient Label Here

OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
 - Phase: Open AAA/Major Abdominal General  
 Orders

**PHYSICIAN ORDERS**

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ORDER	ORDER DETAILS
	<b>clindamycin</b> <input type="checkbox"/> 600 mg, IVPB, ivpb, q6h, x 3 dose, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis
	<b>vancomycin</b> <input type="checkbox"/> 1,000 mg, IVPB, ivpb, q24h, x 1 dose, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis
<b>Laboratory</b>	
	<b>CBC</b> <input type="checkbox"/> STAT, T;N
	<b>CBC</b> <input type="checkbox"/> Next Day in AM, Every AM for 2 days
	<b>Basic Metabolic Panel</b> <input type="checkbox"/> STAT, T;N
	<b>Basic Metabolic Panel</b> <input type="checkbox"/> Next Day in AM, Every AM for 2 days
	<b>Calcium Level</b> <input type="checkbox"/> STAT, T;N
	<b>Calcium Level</b> <input type="checkbox"/> Next Day in AM, Every AM for 2 days
	<b>Phosphorus Level</b> <input type="checkbox"/> STAT, T;N
	<b>Phosphorus Level</b> <input type="checkbox"/> Next Day in AM, Every AM for 2 days
	<b>Magnesium Level</b> <input type="checkbox"/> STAT, T;N
	<b>Magnesium Level</b> <input type="checkbox"/> Next Day in AM, Every AM for 2 days
	<b>Prothrombin Time with INR</b> <input type="checkbox"/> STAT, T;N
	<b>PTT</b> <input type="checkbox"/> STAT, T;N
<b>Respiratory</b>	
	<b>Oxygen Therapy</b> <input type="checkbox"/> Keep sats greater than %: 90
<b>...Additional Orders</b>	

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<p><b>UMC Health System</b></p> <p>OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN - Phase: Open AAA/Major Abdominal Post-Op Day 1</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
	<b>Patient Care</b>
	<b>ICU Progressive Mobility Guidelines</b> <input type="checkbox"/> ***See Reference Text***
	<b>Patient Activity</b> <input type="checkbox"/> Up in Chair
	<b>Discontinue Gastric Tube</b> <input type="checkbox"/> DC Nasogastric - NG
	<b>Discontinue PA Catheter</b>
	<b>Perform Neurovascular Checks</b> <input type="checkbox"/> q4h
	<b>Strict Intake and Output</b> <input type="checkbox"/> q4h
	***Physician/PA/NP must document the reason to maintain Foley if not DC'd.*** <b>Do NOT DC Foley</b>
	<b>Discontinue Urinary Catheter</b> <input type="checkbox"/> DC Foley
	<b>Communication</b>
	<b>Notify Provider (Misc)</b> <input type="checkbox"/> Reason: Reason: Urinary output less than 125 mL in 4 hours.
	<b>Dietary</b>
	<b>NPO Diet</b> <input type="checkbox"/> NPO, Except Ice Chips
	<b>Medications</b>
	<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>
	<b>metoclopramide</b> <input type="checkbox"/> 10 mg, IVPush, inj, q6h, x 48 hr
	<b>Clinic Eval and Management</b>

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OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
- Phase: Open AAA/Major Abdominal Post-Op  
Day 3

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
	<b>Communication</b>
	***Reminder to begin patients home meds*** <b>OK to Resume Orders for Home Medications</b>
	<b>Dietary</b>
	<b>Oral Diet</b> <input type="checkbox"/> Clear Liquid Diet <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Full Liquid
	<b>Respiratory</b>
	<b>Notify RT</b> <input type="checkbox"/> DC Oxygen therapy if room air sats greater than or equal to 90%.
	<b>Physical Medicine and Rehab</b>
	<b>Consult PT Mobility for Eval &amp; Treat</b>

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



<p><b>UMC Health System</b></p> <p>OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN - Phase: DISCOMFORT MED 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						
<b>Patient Care</b>							
	<p><b>Perform Bladder Scan</b></p> <p><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.</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><b>Contraindications VTE</b></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><b>Apply Elastic Stockings</b></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><b>Apply Sequential Compression Device</b></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><b>Apply Pedal Pump</b></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							

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OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
- Phase: 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
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	<p>***Recommended Trauma Dose = 40 mg, subcut, q12h***                      ***Recommended Dose for Morbidly Obese Patients = 40 mg, subcut, q12h***/lozenge, mucous membrane, lozenge, q4h, PRN sore throat</p> <p><b>dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)</b></p> <p><input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough  <input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis, Pharmacy to Adjust Dose per Renal Function  <input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis, Pharmacy to Adjust Dose per Renal Function  <input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis, Pharmacy to Adjust Dose per Renal Function  <input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis, for BMI greater than 39, Pharmacy to Adjust Dose per Renal Function</p>
	<p><b>dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew)</b></p> <p><input type="checkbox"/> 15 mL, swish &amp; spit, liq, q2h, PRN mucositis                      While awake  <input type="checkbox"/> 5,000 units, subcut, inj, q12h <input type="checkbox"/> 5,000 units, subcut, inj, q8h</p>
	<p>Fondaparinux may only be used in adults 50 kg or GREATER.                      Prophylactic use is contraindicated in patients LESS than 50 kg. <input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)</p> <p><input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) <input type="checkbox"/></p> <p>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***                      *****IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered:*****</p> <p><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***                      *****IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered:*****</p>
<b>Analgesics</b>	
	<p><b>ibuprofen</b></p> <p><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.  <input type="checkbox"/> 2.5 mg, subcut, syringe, q24h</p>
	<p>Select either HYDROcodone-acetaminophen or acetaminophen-codeine #3, <del>10 mg PO, tab, In PM</del></p> <p><b>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</b></p> <p><input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) <input type="checkbox"/></p> <p>Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours *****IF HYDROcodone-acetaminophen ineffective/contraindicated or the patient is NPO, USE ketorolac if ordered*****</p> <p><input type="checkbox"/> 5 mg, PO, tab, In PM <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7)</p>
	<p><b>acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)</b></p> <p><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.***** If acetaminophen-codeine #3 ineffective/contraindicated or NPO, USE ketorolac if ordered.*****</p> <p>Continued on next page....</p>

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OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
- Phase: 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
	<input type="checkbox"/> 81 mg, PO, tab chew, Daily <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) <input type="checkbox"/> 325 mg, PO, tab, Daily
	<b>ketorolac</b> <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-7), x 48 hr ***May give IM if no IV access***
	<b>morphine</b> <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) *****IF morphine is ineffective/contraindicated, USE HYDROMORPHONE if ordered***** <input type="checkbox"/> 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) *****IF morphine is ineffective/contraindicated, USE HYDROMORPHONE if ordered*****
	<b>HYDROMORPHONE</b> <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)
<b>Antiemetics</b>	
	<b>promethazine</b> <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea/vomiting *****IF promethazine is ineffective/contraindicated or patient is NPO, USE ondansetron if ordered*****
	<b>ondansetron</b> <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea/vomiting
<b>Gastrointestinal Agents</b>	
	<b>docusate</b> <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation *****IF docusate is contraindicated or ineffective after 12 hours, USE bisacodyl if ordered*****
	<b>bisacodyl</b> <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation *****IF bisacodyl is contraindicated or ineffective after 6 hours, USE Fleet Enema if ordered*****
	<b>sodium biphosphate-sodium phosphate (Fleet Enema)</b> <input type="checkbox"/> 1 ea, rectally, enema, Daily, PRN constipation
	<b>loperamide</b> <input type="checkbox"/> 4 mg, PO, cap, ONE TIME, PRN diarrhea Initial dose after first loose stool <input type="checkbox"/> 4 mg, PO, liq, ONE TIME, PRN diarrhea Initial dose after first loose stool
	<b>loperamide</b> <input type="checkbox"/> 2 mg, PO, cap, as needed, PRN diarrhea 2 mg after each loose stool, up to 16 mg per day <input type="checkbox"/> 2 mg, PO, liq, as needed, PRN diarrhea 2 mg after each loose stool, up to 16 mg per day
<b>Antacids</b>	
	<b>Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension)</b> <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion

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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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	<p><b>phenylephrine topical (phenylephrine 0.25%-3% rectal ointment)</b></p> <p><input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area *****IF phenylephrine ointment ineffective/contraindicated, USE hydrocortisone-pramoxine foam if ordered*****</p>
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**Laboratory**

	<p>Anti Xa Level is to be drawn after three consecutive doses of enoxaparin.</p> <p><b>Anti Xa Level</b></p>
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OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
- Phase: ELECTROLYTE MED PLAN - ICU ONLY

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
<b>Communication</b>	
<p><b>ICU Only - Adult Electrolyte Replacement (ICU Only - Adult Electrolyte Replacement Guidelines)</b>  <input type="checkbox"/> T;N, See Reference Sheet</p>	
<p>Check below to select the Aggressive Potassium, phosphate, and magnesium. May then uncheck any replacement orders not wanted.</p> <p><b>Communication Order</b>  <input type="checkbox"/> T;N</p>	
<b>Medications</b>	
<p><b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b></p>	
<p>Select only ONE of the following potassium replacement orders - Aggressive or Non-aggressive  <b>AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement doses for potassium levels less than or equal to 3.9 mMol/L:</b></p> <p><b>potassium chloride</b>  <input type="checkbox"/> 20-60 mEq, IVPB, ivpb, as needed, PRN hypokalemia                      If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and contact provider                      If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb                      If K+ level 3.6 - 3.9 mMol/L - Administer 20 mEq KCl ivpb</p> <p>Administer at 10 mEq/hr. Repeat serum potassium level 2 hours after total replacement is completed.</p>	
<p><b>NON-AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement doses for potassium levels less than or equal to 3.5 mMol/L:</b></p> <p><b>potassium chloride</b>  <input type="checkbox"/> 40-60 mEq, IVPB, ivpb, as needed, PRN hypokalemia                      If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and contact provider                      If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb</p> <p>Administer at 10 mEq/hr. Repeat serum potassium level 2 hours after total replacement is completed.</p>	
<p><b>IV SODIUM PHOSPHATES REPLACEMENT:</b> Select both sodium phosphate orders to replace phos levels less than 1 - 2.5 mg/dL                      The following order replaces phos levels less than 1 mg/dL</p> <p><b>sodium phosphate</b>  <input type="checkbox"/> 45 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over 6 hr                      If Phos level less than 1 mg/dL AND sodium level less than 140 mMol/L - Administer 45 mMol sodium phosphate and notify provider.</p> <p>Repeat serum phosphate level 6 hours after infusion completed.                      Continued on next page....</p>	

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OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
- Phase: ELECTROLYTE MED PLAN - ICU ONLY

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>The following order replaces phos levels from 1 - 2.5 mg/dL</p> <p><b>sodium phosphate</b></p> <p><input type="checkbox"/> 30 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over 4 hr If Phos level 1 - 2.5 mg/dL AND sodium level less than 140 mMol/L - Administer 30 mMol sodium phosphate.</p> <p>Repeat serum phosphorus level 6 hours after infusion completed.</p>
	<p>IV MAGNESIUM REPLACEMENT:</p> <p><b>magnesium sulfate</b></p> <p><input type="checkbox"/> 2-4 g, IVPB, ivpb, as needed, PRN hypomagnesemia If Mag level is less than 1.6 mg/dL - Administer 4 g mag sulfate and notify provider if mag level is less than 1 mg/dL. If Mag level is 1.6 - 1.9 mg/dL - Administer 2 g mag sulfate.</p> <p>Administer at rate of 1 g/hr. Repeat serum magnesium level 2 hours after the infusion is completed.</p>

Laboratory

Potassium Level

Phosphorus Level

Magnesium Level

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
- Phase: GERIATRIC DISCOMFORT MED 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
<b>Patient Care</b>	
	<b>Perform Bladder Scan</b> <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.
<b>Medications</b>	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	<b>benzocaine-menthol topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)</b> <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
	<b>dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)</b> <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
	<b>melatonin</b> <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia
<b>Analgesics for Mild Pain</b>	
	Select only ONE of the following for Mild Pain
	<b>acetaminophen</b> <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***
	<b>ibuprofen</b> <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.
<b>Analgesics for Moderate Pain</b>	
	Select only ONE of the following for Moderate Pain
	<b>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</b> <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 ****
	<b>acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)</b> <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*****
<b>Analgesics for Severe Pain</b>	
	Select only ONE of the following for Severe Pain
	<b>morphine</b> <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)
	<b>HYDROmorphone</b> <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)

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OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
- Phase: GERIATRIC DISCOMFORT MED 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.

**Antiemetics**

**ondansetron**

4 mg, IVPush, soln, q8h, PRN nausea/vomiting

**Gastrointestinal Agents**

Select only ONE of the following for constipation

**docusate**

100 mg, PO, cap, Nightly, PRN constipation

**bisacodyl**

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)**

30 mL, PO, susp, q4h, PRN indigestion

Administer 1 hour before meals and nightly.

**simethicone**

80 mg, PO, tab chew, q4h, PRN gas

160 mg, PO, tab chew, q4h, PRN gas

**Anti-pyretics**

Select only ONE of the following for fever

**acetaminophen**

500 mg, PO, tab, q4h, PRN fever

\*\*\*Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours\*\*\*

1,000 mg, PO, tab, q6h, PRN fever

\*\*\*Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours\*\*\*

**ibuprofen**

200 mg, PO, tab, q4h, PRN fever

\*\*\*Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours\*\*\*

Give with food.

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)**

1 app, topical, pad, as needed, PRN hemorrhoid care

Wipe affected area

**phenylephrine topical (phenylephrine 0.25%-3% rectal ointment)**

1 app, rectally, oint, q6h, PRN hemorrhoid care

Apply to affected area

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OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
- Phase: ICU SEDATION AND PAIN MED 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
<b>Patient Care</b>	
	<b>Utilize the Richmond Agitation Sedation (Utilize the Richmond Agitation Sedation Scale)</b> <input type="checkbox"/> ***See Reference Text***
	<b>Perform Awakening Trial</b> <input type="checkbox"/> Daily ***See Reference Text***
	<b>ICU Pain/Agitation/Delirium Reference</b> <input type="checkbox"/> ***See Reference Text***
	<b>Brain Function Monitoring</b> <input type="checkbox"/> 2 to 4 Channel EEG.
<b>Communication</b>	
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> Assess patient's sedation and pain level every 4 hours.
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
***SEDATIVE MEDICATIONS SHOULD ONLY BE GIVEN AFTER PAIN IS ADEQUATELY CONTROLLED***  If delirium noted give:  <b>haloperidol</b> <input type="checkbox"/> 5 mg, IVPush, inj, q2h, PRN agitation Notify physician if more than 100 mg is administered over 48 hours.	
<b>Initial Dose</b>	
	Pain Meds  <b>morphine</b> <input type="checkbox"/> 2 mg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	<b>fentaNYL</b> <input type="checkbox"/> 50 mcg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	<b>HYDROmorphine</b> <input type="checkbox"/> 0.25 mg, IVPush, inj, q5min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	Sedation Meds  <b>propofol</b> <input type="checkbox"/> 25 mg, IVPush, inj, ONE TIME ***Sedative medications should only be given after pain is adequately controlled***
	<b>midazolam</b> <input type="checkbox"/> 2 mg, IVPush, inj, q20min, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***
	<b>LORazepam</b> <input type="checkbox"/> 2 mg, IVPush, inj, q20min, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***

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OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
- Phase: ICU SEDATION AND PAIN MED 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
<b>Intermittent Dose</b>	
	Pain Meds  <b>morphine</b> <input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) To maintain pain level less than 4/10. May increase 1 mg every 2 hours to a maximum of 4 mg. <input type="checkbox"/> 4 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) To maintain pain level less than 4/10.
	<b>fentaNYL</b> <input type="checkbox"/> 50 mcg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) Administer to maintain pain level less than 4/10.
	<b>HYDROmorphone</b> <input type="checkbox"/> 1 mg, IVPush, inj, q4h, PRN pain-with sedation (scale 4-10) To maintain pain level less than 4/10.
	Sedation Meds  <b>midazolam</b> <input type="checkbox"/> 2 mg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***
	<b>LORazepam</b> <input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***
<b>Continuous Infusion</b>	
	Pain Meds  <b>morphine 100 mg/100 mL NS - Titratable</b> <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> IV, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL. ***Do NOT initiate infusion unless intermittent dosing has failed***
	<b>fentaNYL 1000 mcg/100 mL NS - Titratable</b> <input type="checkbox"/> Start at rate: _____ mcg/hr <input type="checkbox"/> IV, Max titration: 25 mcg/hr every 10 minutes, Max dose: 250 mcg/hr Final concentration = 10 mcg/mL. ***Do NOT initiate infusion unless intermittent dosing has failed***  Continued on next page....

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OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
- Phase: ICU SEDATION AND PAIN MED 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><b>HYDRomorphine 20 mg/100 mL NS - Titratab (HYDRomorphine 20 mg/100 mL NS - Titratable)</b></p> <p><input type="checkbox"/> Start at rate: _____ mg/hr</p> <p><input type="checkbox"/> IV, Max titration: 0.2 mg/hr every 30 minutes, Max dose: 3 mg/hr Final concentration = 0.2 mg/mL (200 mcg/mL).</p> <p>***Do NOT initiate infusion unless intermittent dosing has failed***</p>
	<p>Sedation Meds</p> <p><b>propofol 1,000 mg/100 mL - Titratable</b></p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p> <p><input type="checkbox"/> IV, Max titration: 5 mcg/kg/min every 5 minutes, Max dose: 50 mcg/kg/min Final concentration = 10 mg/mL (10,000 mcg/mL).</p> <p>***Sedative medications should only be given after pain is adequately controlled***</p>
	<p>***Midazolam should NOT be used in patients with creatinine greater than 2 and/or for more than 72 hours***</p> <p><b>midazolam 100 mg/100 mL NS - Titratable</b></p> <p><input type="checkbox"/> Start at rate: _____ mg/hr</p> <p><input type="checkbox"/> IV, Max titration: 1 mg/hr every 5 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL (1,000 mcg/mL).</p> <p>***Do NOT initiate infusion unless intermittent dosing has failed***</p> <p>***Sedative medications should only be given after pain is adequately controlled***</p>
	<p><b>LORazepam 40 mg/250 mL D5W - Titratable</b></p> <p><input type="checkbox"/> Start at rate: _____ mg/hr</p> <p><input type="checkbox"/> IV, Max titration: 1 mg/hr every 10 minutes, Max dose: 8 mg/hr Final concentration = 0.16 mg/mL (160 mcg/mL).</p> <p>***Do NOT initiate infusion unless intermittent dosing has failed***</p> <p>***Sedative medications should only be given after pain is adequately controlled***</p>
	<p><b>dexmedetomidine 400 mcg/100 mL - Titrata (dexmedetomidine 400 mcg/100 mL - Titratable)</b></p> <p><input type="checkbox"/> IV, Max titration: 0.2 mcg/kg/hr every 30 minutes, Max dose: 1.7 mcg/kg/hr Final concentration = 4 mcg/mL.</p> <p>***Sedative medications should only be given after pain is adequately controlled***</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/hr</p>
<b>Laboratory</b>	
	<p>***If patient remains on a propofol infusion after 48 hours monitor Triglycerides now and every 3 days until propofol discontinued.***</p> <p><b>Triglycerides</b></p>
	<p><b>Notify Provider (Misc) (Notify Provider of Results)</b></p> <p><input type="checkbox"/> Reason: Triglyceride Level greater than 400 mg/dL</p>

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
- Phase: INSULIN DRIP PLAN NON DKA

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
<b>Patient Care</b>	
	<b>Insulin Drip Protocol</b> <input type="checkbox"/> ***See Reference Text***
	<b>LOW Target Blood Glucose</b> <input type="checkbox"/> 100 mg/dL <input type="checkbox"/> 120 mg/dL <input type="checkbox"/> 140 mg/dL
	<b>HIGH Target Blood Glucose</b> <input type="checkbox"/> 120 mg/dL <input type="checkbox"/> 140 mg/dL <input type="checkbox"/> 160 mg/dL
	<b>POC Blood Sugar Check</b> <input type="checkbox"/> q1h, by fingerstick, CVL, or arterial line. DO NOT alternate sites without Physician approval.
<b>Communication</b>	
	<b>Notify Provider (Misc) (Notify Provider of Results)</b> <input type="checkbox"/> Reason: Blood Glucose less than 60 or greater than 200, also notify if two consecutive BG's less than 70.
	<b>Notify Provider (Misc)</b> <input type="checkbox"/> Reason: If other physicians order insulin subQ, IV, or in TPN, feedings are started, stopped, or changed, or if other physicians turn off drip for any reason.
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> Obtain Serum Blood Glucose if Accucheck is less than 40 or greater than 450.
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	<b>insulin R 100 units/100 mL NS</b> <input type="checkbox"/> IV Insulin Drip Formula: $(BG - 60) \times 0.03 = \text{number of UNITS insulin/hour}$  BG = Current Blood Glucose 0.03 = "multiplier" <input type="checkbox"/> 100 units, Every Bag
	<b>glucose (D50)</b> <input type="checkbox"/> 25 g, IVPush, syringe, as needed, PRN low blood sugar Calculate D50W dose by the following formula: $(100 - BG) \times 0.3 = \text{milliliters of D50W to be given IV Push. Then divide by 2 to get grams of D50W}$
	***If Levemir dose is greater than 60 units, the dose should be split in half and given BID. One injection should not be more than 60 units.***  <b>insulin detemir</b> <input type="checkbox"/> units, subcut, inj, Daily To obtain Levemir dose perform the following: Average the last 8 hours of the insulin drip to units per hour. Multiply this times 20. Administer this amount of Levemir subcutaneously 2 hours PRIOR to discontinuing drip. Dose to be reassessed by physician every 24 hours. Continued on next page....

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



UMC Health System

Patient Label Here

OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
- Phase: INSULIN DRIP PLAN NON DKA

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
	<input type="checkbox"/> units, subcut, inj, BID To obtain Levemir dose perform the following: Average the last 8 hours of the insulin drip to units per hour. Multiply this times 20. Administer this amount of Levemir subcutaneously 2 hours PRIOR to discontinuing drip. Dose to be reassessed by physician every 24 hours.

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



<b>UMC Health System</b>  OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN - Phase: MECHANICAL VENTILATION 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
	<b>Patient Care</b>
	<b>Patient Activity</b> <input type="checkbox"/> Bedrest, HOB elevation 30 - 45 degrees
	<b>Perform Oral Care</b> <input type="checkbox"/> Per Unit Standards, Use SAGE oral cleansing & suctioning system
	<b>ICU Progressive Mobility Guidelines</b>
	<b>Medications</b>
	<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>
	<b>ocular lubricant</b> <input type="checkbox"/> 1 app, both eyes, as needed, PRN dry eyes
	<b>Respiratory</b>
	<b>Ventilator Settings</b>
	<b>Ventilator Settings APRV</b>
	<b>Ventilator Settings HFOV</b>
	<b>Arterial Blood Gas</b>
	<b>MICU Ventilator Weaning Protocol</b>

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OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
- Phase: PCA MED 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
<b>Communication</b>	
<b>Notify Provider of VS Parameters (Notify Provider if VS)</b> <input type="checkbox"/> RR Less Than 10, Patient becomes unresponsive	
<b>Medication Management (Notify Nurse and Pharmacy)</b> <input type="checkbox"/> Start date T;N If respirations fall below 10 breaths per minute or patient becomes unresponsive, stop PCA pump.	
<b>IV Solutions</b>	
<p>***CAUTION*** Ordering a continuous rate (Basal Dose), should be reserved for opioid tolerant patients who require high dose therapy.</p> <p>***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.</p> <p><b>morphine (morphine 30 mg/30 mL PCA)</b>  <input type="checkbox"/> Dose (mg) = 1, Lock-out Interval (min) = 8, 4-hour Limit (mg) = 20, Start date/time T;N  <input type="checkbox"/> Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, Start date/time T;N  <input type="checkbox"/> Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, Start date/time T;N</p>	
<p><b>HYDROMORPHONE (HYDROMORPHONE 6 mg/30 mL PCA)</b>  <input type="checkbox"/> Dose (mg) = 0.1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 2, Start date/time T;N  <input type="checkbox"/> Dose (mg) = 0.2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 4, Start date/time T;N  <input type="checkbox"/> Dose (mg) = 0.3, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 6, Start date/time T;N</p>	
<p><b>fentaNYL (fentaNYL 300 mcg/30 mL PCA)</b>  <input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 100, Start date/time T;N  <input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 150, Start date/time T;N  <input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 200, Start date/time T;N</p>	
<p>If no IV Fluid is currently infusing, start 0.9% sodium chloride to keep vein open for duration of PCA</p> <p><b>NS (Normal Saline)</b>  <input type="checkbox"/> 1,000 mL final vol, IV, 20 mL/hr</p>	
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
<p>ACUTE MANAGEMENT OF RESPIRATORY DEPRESSION If respiratory rate is less than 10 breaths/min or patient is unresponsive</p> <ol style="list-style-type: none"> <li>1. Stop PCA Pump</li> <li>2. Administer naloxone (Narcan) as ordered until respiratory rate is greater than 10 breaths/min.</li> <li>3. Notify Physician</li> </ol> <p><b>naloxone</b>  <input type="checkbox"/> 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).            Continued on next page....</p>	

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OPEN AAA/MAJOR ABDOMINAL POST-OP PLAN  
- Phase: PCA MED 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

Respiratory

Continuous Pulse Oximetry

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