

Allergies: _____

To PACU, then _____

NURSING INTERVENTIONS: (Fill in to activate)

O₂ PRN to keep SaO₂ greater than or equal to 92%. Call physician if greater than 6 L O₂ required.

Incentive spirometer every 2 hours while awake.

Bedrest. Turn every 2 hours.

Foley catheter to urine meter

Remove Foley by 2359 on POD # 2 if placed in OR

Continue Foley beyond POD # 2 due to patient condition: _____

I & O

Daily weights

Other: _____

MONITORING: (Check box/fill in to activate)

Vital Signs with vascular checks every 1 hour X 8, then every 2 hours X 12, then every 4 hours

Cardiac monitoring

Arterial line/ hemodynamic monitoring per unit standard

Notify physician for:

Temp greater than 38.5° C

SBP less than 90 or greater than 180 mmHg

HR less than 60 or greater than 120/ minute

Urine output less than 100 mL/ 4 hours

Other: _____

IV THERAPY: (Fill in to activate)

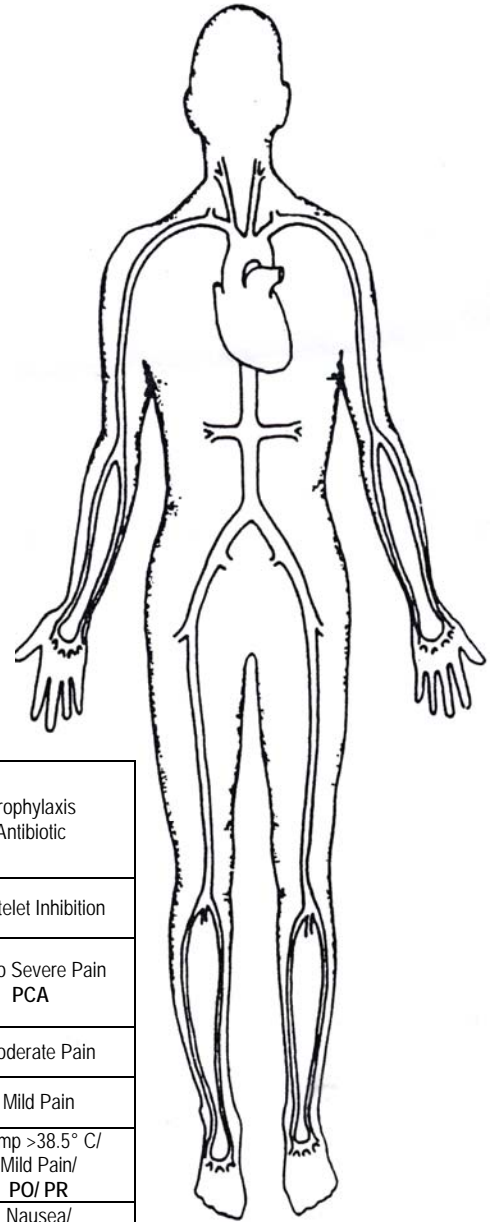
D₅ 0.45% NS to infuse at _____ mL/ hour. Saline lock when tolerating PO well

DIET: Regular diet

LABORATORY/ DIAGNOSTICS: (Fill in to activate)

CBC, Renal Function Panel, PT/ INR, PTT post-op and in AM of POD # 1

Other: _____



MEDICATIONS: (Check box to activate) *Not to exceed 4000 mg of acetaminophen/ 24 hours

<input type="checkbox"/> cefazolin (ANCEF) 1 g IV every 8 hours X 2 postop doses. If greater than or equal to 80 kg, increase to 2 g. If allergic , give clindamycin 600 mg IV every 8 hours X 2 postop doses. If greater than or equal to 80 kg, increase to 900 mg. <i>Give 1st post-op dose at next standard administration time, regardless of when preop dose was given</i>	Prophylaxis Antibiotic
<input type="checkbox"/> enteric coated aspirin 325 mg PO every day. Begin day of surgery <input type="checkbox"/> aspirin chewable 324 mg PO every day. Begin day of surgery	Platelet Inhibition
<input type="checkbox"/> HYDROmorphone (DILAUDID) <i>PCA Orders</i> <input type="checkbox"/> morphine <i>PCA Orders</i> <input type="checkbox"/> FENtanyl <i>PCA Orders</i>	Mild to Severe Pain PCA
<input type="checkbox"/> *hydrocodone/acetaminophen 5 mg/ 325 mg (NORCO) 1 tab PO every 4 hours PRN	Moderate Pain
<input type="checkbox"/> ibuprofen (MOTRIN) 600 mg PO every 6 hours PRN	Mild Pain
<input type="checkbox"/> *acetaminophen (TYLENOL) 650 mg PO/ PR every 4 hours PRN	Temp >38.5° C/ Mild Pain/ PO/ PR
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 6.25 - 12.5 mg IV every 6 hours PRN	Nausea/ Vomiting

Physician Signature

Date

Time



PERIPHERAL VASCULAR SURGERY POST-OP ORDERS

P0027D (Rev 0510) White – Chart/ Scan to Pharmacy Yellow – Pharmacy Backup