**Unique Plan Description: Vascular Admission**
**Plan Selection Display: Vascular Admission**
**PlanType: Medical**
**Version: 36**
**Begin Effective Date:**
**End Effective Date: Current**
**Available at:** ***EMMC***
***MERCY HOSPITAL***
**Plan Comment:**

| Legend | | |
|---|---|---|
| Green Highlight | = | Addition |
| Red Highlight | = | Deletion |

**Vascular Admission/Transfer**

**Admit/Dischg/Transfer**

☑ Admission Order (DX)
*Patient Placement Surgical*
For all NLH Hospitals:Click on link to view Trigger Tool document and/or refer to Goals of Care - Life Plan note(NOTE)*

**Code Status**

☑ Code Status and Treatment Restrictions
*Code Status: Full Resuscitation*

**Vital Signs**

☐ Vital Signs (Frequent)
*Every 15 minutes x 4, every 30 minutes x 2, every 1 hour x 2 and PRN, then place order for every 4 hours when stable*

☐ Vital Signs
*Every 4 Hours, 24 hr, then every 8 hours*

☐ **+24 Hours** Vital Signs
*Every 8 Hours*

☐ CSM Checks
*Every 2 Hours, Vascular checks to Bilateral lower extremities* (DEF)*
*Every 4 Hours, Vascular checks to Bilateral lower extremities*
*Every 8 Hours, Vascular checks to Bilateral lower extremities*

**Activity**

☐ Activity
*Bedrest* (DEF)*
*Up ad lib*
*Bedrest, Bathroom Privileges*
*Bedrest, Bedside Commode*

☐ Elevate
*Location Elevated LEG-BILATERAL, on pillows.* (DEF)*
*Location Elevated LEG-LEFT, on pillows.*
*Location Elevated LEG-RIGHT, on pillows.*
*Location Elevated ARM-BILATERAL, on pillows.*
*Location Elevated ARM-LEFT, on pillows.*
*Location Elevated ARM-RIGHT, on pillows.*

**Diet**

☐ NPO Communication
*NPO: After Midnight*

☐ Diet
*Cardiac Diet* (DEF)*
*Diabetes Diet*
*Diabetes/Cardiac Diet*
*Renal Dialysis*
*Cardiac/Diabetes/Renal Dialysis*
*NPO*

**Patient Care**

☑ JPP CAUTI Prevention Adult(SUB)*
☑ JPP Hypoglycemia Adult(SUB)*
☑ JPP Med-Surg Adult(SUB)*

- [x] JPP Nurse Directed Patient Care(SUB)*
- [x] JPP Nutrition Services(SUB)*
- [x] JPP Respiratory Therapy Adult(SUB)*
- [ ] Pre Op Lower Extremity Amputation(SUB)*
- [x] Notify If
  *SBP less than 95 or greater than 180 mmHg, HR less than 50 or greater than 120, RR less than 10 or greater than 30, temp less than 35.5 C or greater than 38.5 C*
- [ ] Telemetry Monitoring
- [ ] Intake & Output (I&O)
  *Every 8 Hours*
- [ ] Bedside Glucose Monitoring
  *Before Meals+Bedtime, Notify provider for bedside glucose greater than 450 mg/dL. If bedside glucose less than 70 mg/dL see JPP Hypoglycemia Adult for orders.*
- [ ] Wound Care/Dressing Change
  *Daily, Body Site- ABDOMEN, Change PRN oozing.* (DEF)*
  *Daily, Body Site- GROIN-BILATERAL, Change PRN oozing.*
  *Daily, Body Site- LEG-LEFT, Change PRN oozing.*
  *Daily, Body Site- LEG-RIGHT, Change PRN oozing.*
- [ ] Drain Care
  *JP Drain, Every 4 Hours, Milk drain every 4 hours, empty every 8 hours*

**Continuous Solutions**

- [ ] Lactated Ringers Injection
  *Tot Vol: 1,000 mL, Flow Rate: 125 mL/hr, Soln, IV*
- [ ] Saline Lock

**Medications**

***Anticoagulants***

- [ ] _ Heparin Infusion High Intensity for Active Thrombus Protocol(SUB)*
- [ ] _ Heparin Infusion Moderate Intensity for AFIB, NSTEMI, UA or Bridging Protocol(SUB)*

***Analgesics***

- [ ] Surgical Pain Management Adult(SUB)*

***Glucose Management***

- [ ] _Insulin Basal, Pre-Meal, Correction, and Sliding Scale(SUB)*

***Other***

- [ ] aspirin
  *81 mg, EC Tablet, PO, Daily*
- [ ] Lopressor
  *25 mg, Tab, PO, Every 12 Hours, HOLD for HR less than 55 bpm or SBP less than 95 mmHg*
- [ ] Lipitor
  *10 mg, Tab, PO, Daily*

**Laboratory**

Labs Now(NOTE)*

- [ ] CBC with Differential
  *BLOOD, Expedite, Start: T;N, ONCE*
- [ ] Basic Metabolic Panel
  *BLOOD, Expedite, Start: T;N, ONCE*
- [ ] Comprehensive Metabolic Panel
  *BLOOD, Expedite, Start: T;N, ONCE*
- [ ] PT (Protime) INR
  *BLOOD, Expedite, Start: T;N, ONCE*

Labs AM(NOTE)*

- [ ] CBC with Differential
  *BLOOD, AM Tomorrow, Start: T+1;0545*
- [ ] Basic Metabolic Panel
  *BLOOD, AM Tomorrow, Start: T+1;0545*
- [ ] Comprehensive Metabolic Panel
  *BLOOD, AM Tomorrow, Start: T+1;0545*

☐ PT (Protime) INR
*BLOOD, AM Tomorrow, Start: T+1;0545*

***Blood Culture***

☐ Blood Culture
*BLOOD-PERIPHERAL DRAW, Stat, ONCE, Adult standard; peripheral draw*

**Tests/Procedures**

☐ CV ECG
*Priority Expedite*

☐ XR Chest 1 View 71045
*Portable, Expedite*

☐ VL Duplex Extremity Veins Lower BILAT 93970
*Routine*

☐ VL PVR Multiple Levels 93923
*Routine*

**Consults**

☐ Physical Therapy Evaluation and Treatment Acute
*Strengthening and Mobility*

☐ Occupational Therapy Evaluation and Treatment Acute
*ADL's*

☐ INP Care Management Consult
If pulmonary consult needed, provider to call consult(NOTE)*

☐ INP Physician Consult
*Pulmonary to co-manage while in ICU.*

**Respiratory**

☐ Oxygen.
*Via: Nasal Cannula, Maintain saturation greater than 92%, wean as tolerated.*

**Non Categorized**

☑ VTE Prophylaxis Advisor

☑ Provider Communication
*Nurse may Initiate Planned PowerPlan upon patient arrival*
Providers must exercise independent clinical judgment when using order sets.(NOTE)*

***Report Legend:**
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase