Unique Plan Description: Vascular Post Op
Plan Selection Display: Vascular Post Op
PlanType: Medical
Version: 53
Begin Effective Date: 02/11/2026 02/11/2026 12:54
End Effective Date: Current
Available at: ***EMMC***
MERCY HOSPITAL
TAMC - THE AROO
Plan Comment:

Legend		
Green Highlight	=	Addition
Red Highlight	=	Deletion

Vascular Post Op
Admit/Dischg/Transfer

☑ Admission Order (DX)
IP-meets med nec & ELOS of at least 2 MN, Patient Placement Surgical (DEF)*
IP-meets med nec & ELOS of at least 2 MN, Patient Placement Critical Care

☐ Transfer Level of Care

☐ Transfer Review Complete

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, 4 hr

☑ **+4 Hours** Vital Signs
Every 4 Hours (DEF)*
Every 8 Hours
Every 1 Hour Interval

☐ Vascular/CSM Checks (Frequent)
Every 15 minutes x 4, every 30 minutes x 2, every 1 hour x 2, 4 hr Use doppler for vascular checks to affected extremity

☐ **+4 Hours** CSM Checks
Every 4 Hours, Use doppler for vascular checks to affected extremity (DEF)*
Every 8 Hours, Use doppler for vascular checks to affected extremity
Every 1 Hour Interval

☐ Neuro Checks (Frequent)
Every 15 minutes x 4, every 30 minutes x 2, every 1 hour x 2 and PRN, 4 hr

☐ **+4 Hours** Neuro Checks
Every 4 Hours, and PRN (DEF)*
Every 8 Hours, and PRN
Every 1 Hour Interval, and PRN

Activity

☑ Activity
Bedrest (DEF)*
Other, Bedrest for 12 hours, then Up in Chair and up ad lib if stable (minimal bleeding from cath site/incisions). Check BP, bilateral distal pulses and cath site before and after first ambulation.
Other, Bedrest for 6 hours, then Up in Chair. May be up ad lib in 12 hours post-procedure, if stable (minimal bleeding from cath site/incisions). Check BP, bilateral distal pulses and cath site before and after first ambulation.
Other, Bedrest for 6 hours, then Progressive Mobilization, Three Times Daily. Check BP, bilateral distal pulses and cath site before and after first ambulation.
Other, Bedrest for 12 hours, then Progressive Mobilization, Three Times Daily. Check BP, bilateral distal pulses and cath site before and after first ambulation.

☐ Elevate
Location Elevated LEG-LEFT, On pillows (DEF)*
Location Elevated LEG-RIGHT, On pillows
Location Elevated LEG-BILATERAL, On pillows

☐ Head of Bed Elevation
30 Degrees

Diet

☑ Diet

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

Patient Care

☑ JPP CAUTI Prevention Adult(SUB)*
☑ JPP Hypoglycemia Adult(SUB)*
☑ JPP Med-Surg Adult(SUB)*
☑ JPP Nurse Directed Patient Care(SUB)*
☑ JPP Nutrition Services(SUB)*
☑ JPP Respiratory Therapy Adult(SUB)*
☐ Post Op Lower Extremity Amputation(SUB)*
☑ Intake & Output (I&O)
Every 8 Hours
☑ Notify If
SBP less than 90 or greater than 170 mm/Hg, HR less than 50 or greater than 120 bpm, RR less than 10 or greater than 30, or temperature greater than 38.5 C
☐ Telemetry Monitoring
☐ Continuous Telemetry Monitoring
Open AAA Surgery This Admission
☐ 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 for orders.
☐ Drain Care
JP Drain, Every 4 Hours, NECK to bulb suction. Empty every 8 hours. Milk drain(s) every 1 hour x 4, then every 4 hours.
JP Drain, Every 4 Hours, RIGHT leg to bulb suction. Empty every 8 hours. Milk drain(s) every 1 hour x 4, then every 4 hours.
JP Drain, Every 4 Hours, LEFT leg to bulb suction. Empty every 8 hours. Milk drain(s) every 1 hour x 4, then every 4 hours. (DEF)*
JP Drain, Every 4 Hours, BILATERAL legs to bulb suction. Empty every 8 hours. Milk drain(s) every 1 hour x 4, then every 4 hours.
☐ Ice Pack
PRN, To neck PRN hematoma

Wound Care

Cath Site(NOTE)*
☐ Provider Communication
Femoral Access Site: After manual compression by provider, nurse to apply C-clamp x 20 minutes. Check groin every 5 minutes x 1 hour, every 1 hour x 4 hours. Notify provider for bleeding/hematoma
☐ Wound Care/Dressing Change
Every 1 Hour Interval, Duration 12 hr, Check cath site every 1 hour x 12 hours, then every 8 hours. Notify provider for bleeding or hematoma.
☐ **+12 Hours** Wound Care/Dressing Change
Every 8 Hours, Duration 3 Days, Notify provider for bleeding or hematoma.
Surgical Site(NOTE)*
☑ Wound Care/Dressing Change
Daily, Body Site- NECK
Daily, Body Site- LEG-RIGHT, Dressing Details: Dry Sterile Dressing, and PRN
Daily, Body Site- LEG-LEFT, Dressing Details: Dry Sterile Dressing, and PRN
Daily, Body Site- LEG-BILATERAL, Dressing Details: Dry Sterile Dressing, and PRN
Daily, Body Site- ABDOMEN, and PRN (DEF)*

☐ Wound Care/Dressing Change
Daily, Body Site- FOOT-LEFT, Duration 3 Days, protective dressing (DEF)*
Daily, Body Site- FOOT-RIGHT, Duration 3 Days, protective dressing
Daily, Body Site- FOOT-BILATERAL, Duration 3 Days, protective dressing

☐ VAC Dressing

☐ Orthotics/Prosthetics
Rooke Boot, LEFT* (DEF)*
Rooke Boot, RIGHT*
Rooke Boot, BILATERAL*
Off Loading Bunion Shoe (Darco), LEFT
Off Loading Bunion Shoe (Darco), RIGHT
Off Loading Bunion Shoe (Darco), BILATERAL
Other (describe in special instructions), Residual limb protector LEFT
Other (describe in special instructions), Residual limb protector RIGHT
Other (describe in special instructions), Residual limb protector BILATERAL

Continuous Solutions

☑ Lactated Ringers Injection
Tot Vol: 1,000 mL, Flow Rate: 125 mL/hr, Soln, IV, Continuous for: 6 hr (DEF)*
Comments: Saline Lock when taking PO fluids well
Tot Vol: 1,000 mL, Flow Rate: 75 mL/hr, Soln, IV, Continuous for: 6 hr
Comments: Saline Lock when taking PO fluids well

☐ Saline Lock

Medications

Anticoagulants

☐ _ Heparin for Vascular Surgery(SUB)*

Analgesics

☑☐ Surgical Pain Management Adult(SUB)*

Antimicrobials: Preferred

Cefazolin preferred even if IgE-mediated allergy to penicillins (hives, anaphylaxis, angioedema, laryngeal edema, etc)(NOTE)*

☐ **+6 Hours** ceFAZolin
2 gm, Soln, IV Push, Every 8 Hour Interval, Indication: Prophylaxis, Vascular Post Op, 2 Doses/Times
Comments: Start 8 hours after last dose given. Reconstitute each vial with 15 mL Sterile Water for Injection. IV PUSH over 2 minutes.

Antimicrobials: Beta-Lactam Cefazolin Allergy

Use B-Lactam Cefazolin based regimen unless history of:
- Severe, IgE-mediated reaction to B-Lactams cefazolin (anaphylaxis, angioedema, laryngeal edema, etc.)
- Confirmed allergy to cephalosporins cefazolin
- Severe non-immune cutaneous reaction (Stevens-Johnson, Toxic Epidermal Necrolysis, etc.)(NOTE)*

☐ **+10 Hours** vancomycin
1,000 mg, Soln, IVPB, ONCE, Indication: Prophylaxis, Infuse Over: 60 Minutes, Weight less than 80 kg [Less Than 80 kg] (DEF)*
Comments: Use only if history of Type I hypersensitivity to Penicillin OR any allergy to Cephalosporins. Start 12 hours after last dose given;Weight less than 80 kg No Pharmacy to Dose intervention required
1,500 mg, Soln, IVPB, ONCE, Indication: Prophylaxis, Infuse Over: 90 Minutes, Weight 80 - 110 kg [80 - 110 kg]
Comments: Use only if history of Type I hypersensitivity to Penicillin OR any allergy to Cephalosporins. Start 12 hours after last dose given;Weight 80 - 110 kg No Pharmacy to Dose intervention required
2,000 mg, Soln, IVPB, ONCE, Indication: Prophylaxis, Infuse Over: 120 Minutes, Weight greater than or equal to 110 kg [Greater Than or Equal To 110 kg]
Comments: Use only if history of Type I hypersensitivity to Penicillin OR any allergy to Cephalosporins. Start 12 hours after last dose given;Weight greater than or equal to 110 kg No Pharmacy to Dose intervention required

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 (DEF)*
5 mg, Soln, IV Push, Every 6 Hours, HOLD for HR less than 55 bpm or SBP less than 95 mmHg
Comments: Administer only with cardiac monitoring

☐ Plavix
150 mg, Tab, PO (Loading), ONCE, NOW

☐ Plavix
75 mg, Tab, PO, Daily

☐ Lipitor
10 mg, Tab, PO, Daily (DEF)*
20 mg, Tab, PO, Daily
80 mg, Tab, PO, Bedtime

☐ Pepcid
20 mg, Soln, IV Push, Every 12 Hours

Vasodilators

☐ Nitroprusside 50 mg/250 mL NS (IVS)*
Sodium Chloride 0.9%
Tot Vol: 250 mL, Titrate, Soln, IV
Comments: Start at 0.3 mcg/kg/min Titrate by 0.5 mcg/kg/min every 5 minutes to maintain SBP less than 150 mmHg and CI greater than 2. Max dose = 10 mcg/kg/min
sodium nitroprusside
50 mg

☐ Nitroglycerin 100 mg/250 mL D5W
Tot Vol: 250 mL, Titrate, Soln, IV
Comments: Start at 40 mcg/min Titrate by 10-20 mcg/min every 3-5 minutes to maintain SBP less than 160 mmHg Max Dose = 300 mcg/min Usual dose range 10 - 300 mcg/min Concentration = 400 mcg/mL For Peripheral or Central Use

Vasopressors / Inotropes - Central

☐ Phenylephrine 100 mg/250 mL NS (IVS)*
Sodium Chloride 0.9%
Tot Vol: 250 mL, Titrate, Soln, IV
Comments: Start at 0.2 mcg/kg/minTitrate by 0.1 - 0.5 mcg/kg/min every 1-5 minutes to maintain SBP of 90 mmHg Notify provider if dose exceeds 3 mcg/kg/min Usual Dose Range = 0.2 - 6 mcg/kg/min Max Dose = 8 mcg/kg/min Concentration = 400 mcg/mL For central use
phenylephrine
100 mg = 10 mL

Vasopressors / Inotropes - Peripheral

☐ phenylephrine 20 mg/250 mL NS (premade)
Tot Vol: 250 mL, Titrate, Soln, IV
Comments: Start at 0.2 mcg/kg/minTitrate by 0.1 - 0.5 mcg/kg/min every 1-5 minutes to maintain SBP of 90 mmHg Notify provider if dose exceeds 3 mcg/kg/minUsual Dose Range = 0.2 - 6 mcg/kg/min Max Dose = 8 mcg/kg/min Concentration = 80 mcg/mL For peripheral or central use

☐ Phenylephrine 20 mg/250 mL NS (Peripheral) (IVS)*
Sodium Chloride 0.9%
Tot Vol: 250 mL, Titrate, Soln, IV
Comments: Start at 0.2 mcg/kg/minTitrate by 0.1 - 0.5 mcg/kg/min every 1-5 minutes to maintain SBP of 90 mmHg Notify provider if dose exceeds 3 mcg/kg/min Usual Dose Range = 0.2 - 6 mcg/kg/min Max Dose = 8 mcg/kg/min Concentration = 80 mcg/mL For peripheral or central use
phenylephrine
20 mg = 2 mL

Glucose Management

☑ Insulin Infusion Peri-Operative Protocol(SUB)*

☐ _Insulin Basal, Pre-Meal, Correction, and Sliding Scale(SUB)* u

Protocols

☑ SURG Nausea Control Post Op Protocol Adult(SUB)*

- ☐ Potassium Protocol PO Non Cardiac Adult(SUB)*
- ☐ Potassium Protocol IV Non Cardiac Adult(SUB)*
- ☐ Magnesium Sulfate IV Protocol Adult(SUB)*
- ☐ Vascular Lumbar Drain Protocol(SUB)*

Laboratory

- ☐ Basic Metabolic Panel
  BLOOD, Timed Study, Start: T+1;0545, Every AM, 1 Days
- ☐ CBC with Differential
  BLOOD, Timed Study, Start: T+1;0545, Every AM, 1 Days
- ☐ Calcium Level Total
  BLOOD, Timed Study, Start: T+1;0545, Every AM, 1 Days
- ☐ Phosphorus Level
  BLOOD, Timed Study, Start: T+1;0545, Every AM, 1 Days
- ☐ PT (Protime) INR
  BLOOD, Timed Study, Start: T+1;0545, Every AM, 1 Days
- ☐ PTT
  BLOOD, Timed Study, Start: T+1;0545, Every AM, 1 Days

Tests/Procedures

- ☐ CV ECG
  Requested Start Date/Tim T+1;0800, Priority Routine, Post-op lower extremity bypass, ONCE

  Lower Extremity Bypass(NOTE)*
- ☐ XR Chest Portable
  Every AM, 1, Days, Portable, status post lower extremity bypass, verify central line and ETT placement, rule out pneumothorax, Routine, Do in AM. (DEF)*
  Every AM, 1, Days, Portable, status post lower extremity bypass, verify central line placement, rule out pneumothorax, Routine, Do in AM.
- ☐ **+1 Days** VL PVR Multiple Levels 93923
  Post-op, follow up-status post lower extremity bypass. Post-op day 1, Routine
- ☐ **+1 Days** VL PVR Single Levels 93922
  Post-op lower extremity bypass. Post-op day 1, Routine
- ☐ **+1 Days** EV Art Study Multi Level PVR 93923
  Post-op, follow up-status post lower extremity bypass. Post-op day 1, Routine
- ☐ **+1 Days** EV Art Study Single PVR 93922
  Post-op, follow up-status post lower extremity bypass. Post-op day 1, Routine

  Endovascular Procedure(NOTE)*
- ☐ **+12 Hours** VL PVR Multiple Levels 93923
  Post-op, follow up, status post endovascular procedure, Routine, Do in AM

  AAA Repair(NOTE)*
- ☐ XR Chest Portable
  Every AM, 1, Days, Portable, Post-op AAA repair, tube placement, line placement, rule out pneumothorax, Routine, Do in AM

Consults

- ☐ Physical Therapy Evaluation and Treatment Acute
  Strengthening and Mobility
- ☐ Occupational Therapy Evaluation and Treatment Acute
  ADL's, Post lower extremity bypass

  Post Op Day 2 Consults(NOTE)*
- ☐ Physical Therapy Evaluation and Treatment IRF
  Strengthening and Mobility, Start Post-Op Day 2
- ☐ **+1 Days** INP Care Management Consult
  Start: T;N
  Comments: Post-Op Day 2

Respiratory

- ☑ Turn Cough Deep Breathe
  Every 1 Hour Interval, while awake
- ☑ Incentive Spirometry

Every 1 Hour Interval, while awake

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

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

Non Categorized

PACU Orders

☐ Troponin Protocol(SUB)*

☐ Basic Metabolic Panel
BLOOD, Stat, Patient in PACU

☐ CBC with Differential
BLOOD, Stat, Patient in PACU

☐ Calcium Level Total
BLOOD, Stat, Patient in PACU

☐ Magnesium Level
BLOOD, Stat, Patient in PACU

☐ Phosphorus Level
BLOOD, Stat, Patient in PACU

☐ PT (Protime) INR
BLOOD, Stat, Patient in PACU

☐ PTT
BLOOD, Stat, Patient in PACU

☐ XR Chest Portable
Portable, Post-op lower extremity bypass, verify central line and ETT placement, rule out pneumothorax, Stat, Patient in PACU (DEF)*
Portable, Post-op lower extremity bypass, verify central line placement, rule out pneumothorax, Stat, Patient in PACU
Portable, Post-op AAA repair, tube placement, line placement, rule out pneumothorax, Stat, Patient in PACU

Quality

☑ VTE Prophylaxis Advisor
Vascular surgery

☑ 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