1. **ALLERGIES/REACTIONS:**

2. **INPATIENT CARE**  
   - **LEVEL OF CARE:**  
     - Med/Surg
     - Med/Surg Tele
     - PCU
     - ICU

3. **OUTPATIENT CARE**

4. **OBSERVATION CARE:** (where the patient has had an unexpected outcome/event that requires a higher level of monitoring to determine if the patient should be admitted)  
   - Outpatient Observation  
     - with cardiac monitoring
     - without cardiac monitoring
   
   **MUST** complete **REQUIRED** documentation on **ALL** lines below
   
   - **Diagnosis/Symptoms/Chief Complaint:**  
     - Required: 
     - (Reason for Observation Services)
   
   - **Monitor for:**  
     - Required:  
     - (Condition(s)/treatment(s) to be monitored or goal for care)
   
   - **Notify Provider when:**  
     - Required:  
     - (Identify treatment goal and/or criteria for notification or indication(s) that orders have been met)

5. **PREFERRED LOCATION (UNIT/SERVICE):**

6. **PROCEDURE:**

7. **PHYSICIAN:**

8. **NUTRITION:**  
   - Cardiac Low Fat/Cholesterol/Salt
   - NPO _______ hours post procedure
   - Clear liquids for 2 hours post procedure then resume diet (finger foods while sheath(s) in place)
   - ADA Diabetic _______ calories
   - Other (i.e. Renal, Mechanical Soft) _______ calories
   - _______ ml/24 hour fluid limit times _______ days

9. **TREATMENT:**  
   
   **POST PROCEDURE:**  
   - Notify Physician of hematoma, bleeding, any change in pulses, arrhythmias, or unstable vital signs
   - Guaiac all stools
   - Insert retention catheter PRN inability to void or feelings of discomfort/distention. Obtain UA R (Urnalysis with culture if indicated) and repeat UA R prior to 48 hours post insertion. Initiate Medical Staff Approved Urinary Catheter Protocol #967.00. Discontinue catheter when patient able to sit up on bedside.
   - May use home CPAP equipment per CPAP – Patient Owned Medical Equipment Use Protocol # 908.00. **Home medical equipment waiver must be signed by the patient.** Respiratory Therapy/Nursing to assess patient ability to self-administer CPAP.
   - **PRE SHEATH REMOVAL:**  
     - Monitor sheaths, check pulses and vital signs every 15 minutes times 4, then every 30 minutes times 2, then every 1 hour until sheaths removed. **Do not flush or draw labs from capped sheaths.**
     - Bedrest. Patient may move side to side if no bleeding or hematoma.
     - Head of bed elevated to 30°
   - **POST SHEATH REMOVAL:**  
     - **Manual pressure ONLY** to groin until hemostasis achieved
     - Maintain groin pressure with FemoStop (as needed) until hemostasis achieved but no longer than 2 hours per FemoStop and Sheath (Arterial/Venous) Removal Procedure. Notify Physician if bleeding persists.
     - Vital signs: Pulse, blood pressure, respiration, temperature, and check incision site for bleeding every 15 minutes times 4, every 30 minutes times 2, every hour times 2, then per unit protocol
     - Intake / Output per unit protocol
     - Remove groin dressing 12 hours post-sheath removal
     - May be out of bed in 6 hours or _______ hours post sheath removal
     - Monitor puncture site(s) for bleeding during ambulation
     - Notify Physician of hematoma or new bleeding after puncture site hemostasis is achieved

Physician initial: __________________________

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**Franciscan Health System**  
St. Joseph Medical Center, Tacoma, WA  
St. Francis Hospital, Federal Way, WA  
St. Clare Hospital, Lakewood, WA  
St. Elizabeth Hospital, Enumclaw, WA  
St. Anthony Hospital, Gig Harbor, WA

**PHYSICIAN ORDERS**  
**VASCULAR DIAGNOSTIC/INTERVENTION**  
**POST PROCEDURE**
10. **ACTIVITY:**
   - Bed rest with leg straight until __________.
   - If vital signs are stable and there is no sign of bleeding or change in peripheral pulses, patient may be out of bed ________ hours after procedure.

11. **DIAGNOSTICS:**
   - BMP □ On arrival to unit □ In AM
   - Hemogram (without differential) □ On arrival to unit □ In AM
   - ECG □ On arrival to unit □ In AM
   - Hgb/Hct/Fibrinogen/Anti-Xa every 12 hours while Lytic (Activase) therapy in use.
     Notify Physician if fibrinogen greater than 150 mg/dL or Anti-Xa greater than 0.3 International Units/ml.
   - Hemogram every 3 days while on Heparin Infusion Therapy

Other:

12. **INPATIENT ADMISSION ONLY**

   **LAB:**
   - MRSA PCR Screen and contact precautions, if indicated, per MRSA Screening Protocol
   - Culture suspected infection per Protocol
   - **VTE Prophylaxis: (Must choose one medication unless contraindication documented)**
     - Enoxaparin (Lovenox) 40 mg subcutaneously every 24 hours Start: __________
     - Heparin 5,000 units subcutaneously every 8 hours Start: __________
     - **Heparin/Enoxaparin contraindicated due to:**
       - High Risk of Bleeding
       - History of HIT
       - Other: __________
     - Continue sequential compression device (SCD) to both legs
     - **SCD contraindicated due to:**
       - Apply Antiembolic (AE) Stockings, Knee length

13. **INTRAVENOUS INFUSION:**

   **Lytic (Activase) + Anticoagulant (Heparin) Therapy:**
   - Alteplase (Activase) ______ mg/hour via _______ catheter
     - Hold Alteplase if fibrinogen less than 100 mg/dL, and notify Physician
   - Heparin Infusion _______ units/hour via _______ sheath/side port
     - Notify Physician if Anti-Xa is greater than 0.3 International Units/mL
   - Transition to Heparin Infusion Titration Orders – Weight Based Protocol (Not For Use In Stroke) Physician Order # 580 once alteplase (Activase) is discontinued
     - **No Initial Bolus**

   Anticoagulant without Lytic therapy:
   - Heparin Infusion Titration – Weight Based Protocol (Not For Use In Stroke) Physician Order # 580
     - **No Initial Bolus**

   **Hypotension:**
   - Dopamine 2 mcg/kg/minute IV infusion. Titrate to keep systolic BP greater than __________ mmHg
     - Notify physician if patient requiring greater than 5 mcg/kg/minute

   **Hypertension:**
   - Nitroprusside (Nipride) 0.5-10 mcg/kg/minute IV infusion. Titrate to keep systolic BP less than __________ mmHg
   - Nicardipine (Cardene) 5-15 mg/hour IV infusion. Titrate to keep systolic BP less than __________ mmHg

   **Other IV Infusions:**

14. **MEDICATIONS:**

   - Complete Medication Reconciliation
   - **Do not repeat medications if patient has taken at home on the morning of procedure**
   - Nursing to complete Nurse Initiated Vaccine Assessment Order # 596762
   - Nurse may initiate Over the Counter Patient Care Products Physician Order # 767
   - Hold metformin (Glucophage) for 48 hours after procedure

   **Physician Initial:** __________

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**FRANCISCAN HEALTH SYSTEM**

St. Joseph Medical Center, Tacoma, WA
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**PHYSICIAN ORDERS**

**VASCULAR DIAGNOSTIC/INTERVENTION POST PROCEDURE**
14. **MEDICATIONS:** (Continued)

**TOTAL INTRA-PROCEDURE MEDICATIONS GIVEN:**
- ☐ Midazolam (Versed) ______________ mg IV
- ☐ Fentanyl (Sublimaze) ______________ mcg IV
- ☐ Diazepam (Valium) ______________ mg IV
- ☐ Morphine Sulfate ______________ mg IV
- Other: ______________________________

**Anticoagulant/Antiplatelet Agents:**
- ☐ Aspirin (non-enteric coated) 325 mg PO daily Start ____________________________
- ☐ Aspirin (non-enteric coated) 81 mg PO daily Start ____________________________
- ☐ Clopidogrel (Plavix) 75 mg PO daily Start ____________________________
- ☐ Prasugrel (Effient) 10 mg PO daily Start ____________________________
- ☐ Prasugrel (Effient) 5 mg PO daily (consider for patients less than 60 kg) Start ____________________________

**Beta-Blocker Therapy:**
- ☐ Metoprolol (Lopressor) ______________ mg PO every 12 hours Start ____________________________

**ACE-I/ARB:**
- ☐ Lisinopril (Prinivil, Zestril) ______________ mg PO daily Start ____________________________
- ☐ Enalapril (Vasotec) ______________ mg PO every 12 hours Start ____________________________

**Statin Therapy:**
- Simvastatin: If taking verapamil or diltiazem chronically, limit dose to 10 mg nightly; if taking amiodarone, amiodipine or ranolazine, limit dose to 20 mg nightly. If patient requires more simvastatin use rosuvastatin.
  - ☐ Simvastatin (Zocor) 10 mg PO HS Start ____________________________
  - ☐ Simvastatin (Zocor) 20 mg PO HS Start ____________________________
  - ☐ Simvastatin (Zocor) 40 mg PO HS Start ____________________________
  - ☐ Rosuvastatin (Crestor) 10 mg PO HS Start ____________________________

**Analgesia:**
[NOTE: Number only those medications desired. The nurse will select #1 as the first medication to be given. If ineffective, #2 will be used next, and then #3, #4, etc. Number IV Meds and Oral Meds separately. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.]

**IV/IM Analgesia:**
- ☐ Morphine sulfate 2-10 mg IV every 1 hour PRN pain
  - Avoid use in renal dysfunction (serum creatinine greater than 2 mg/dL or patient on dialysis)

**OR**
- Other: ______________________________

**Oral Analgesia:**
- Acetaminophen (Tylenol) 325 mg 1-2 tablets PO every 4 hours PRN mild discomfort
- Hydrocodone 5 mg with acetaminophen 325 mg (Vicodin, Norco) 1-2 tablets PO every 4 hours PRN pain
  - **Not to exceed 9 tablets per 24 hours**
- Oxycodone 5 mg with acetaminophen 325 mg (Percocet-5/325) 1-2 tablets PO every 4 hours PRN pain
  - **Not to exceed 9 tablets per 24 hours**

**LIMIT THE TOTAL DOSE OF ALL ACETAMINOPHEN CONTAINING PRODUCTS TO 3,000 MG PER DAY**

**Break Through Pain:**
If above oral medications are ineffective after 1 hour minimum, use
- ☐ Oxycodone 5 mg 1-2 tablets PO every 3 hours PRN pain

**Nausea/Vomiting:**
- ☐ Ondansetron (Zofran) 4 mg IV every 4 hours PRN nausea/vomiting. (Maximum 24 mg per 24 hours).
  - If ondansetron is ineffective, discontinue ondansetron and give promethazine (Phenergan) 12.5-25 mg IV every 4 hours PRN nausea/vomiting. Use 6.25 – 12.5 mg IV for patients age 65 and over.

**IV Medications:**
- Hydralazine (Apresoline) 10 mg IV push every 1 hour PRN to keep systolic BP less than ____________________________ mmHg
- Labetalol (Trandate) 10 mg IV push every 1 hour PRN to keep systolic BP less than ____________________________ mmHg
  - Hold if heart rate less than 60.

Physician Initial: ____________________________

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**PHYSICIAN ORDERS**

**VASCULAR DIAGNOSTIC/INTERVENTION POST PROCEDURE**
14. **MEDICATIONS:** (Continued)

**Sedation/AntiAnxiety:**

[NOTE: Number only those medications desired. The nurse will select #1 as the first medication to be given. If ineffective, #2 will be used next. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.]

- Lorazepam (Ativan) __________ mg PO every 6 hours PRN sedation/anxiety (usual dose 0.5 – 1 mg)
- Alprazolam (Xanax) __________ mg PO every 6 hours PRN sedation/anxiety (usual dose 0.25 – 0.5 mg)

**Sedative/Hypnotic:**

- Temazepam (Restoril) 15 mg PO at bedtime PRN sleep

**Nicotine Replacement:**

- Nicotine Replacement per Nicotine Replacement Physician Order # 616.

  Provide smoking cessation information to patient and document on education record.

**Other Medications:**

- Temazepam (Restoril) 15 mg PO at bedtime PRN sleep

**Other IVs:**

- Continue Hydration Orders For Reducing Risk Of Radiocontrast Induced Nephrotoxicity Physician Order # 683

**TEACHING:**

- Initiate discharge teaching on day of procedure. Provide peripheral education packet to patient and family if not previously provided. Document on education record.

**DISCHARGE:**

- For discharge medications, see Discharge Medication Reconciliation
- Ambulate fully before discharge
- If stable, discharge patient to __________ (date) at __________ (time)
  (Do not discharge patient unless this box is checked)
- Contact Physician for final status update prior to discharge.

**Follow-up appointment(s):**

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**NOTE:** These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.