**Unique Plan Description: Left Atrial Appendage Closure Postop**

**Plan Selection Display: Left Atrial Appendage Closure Postop**

**PlanType: Medical**

**Version: 1**

**Begin Effective Date:**

**End Effective Date: Current**

**Available at all facilities**

**Left Atrial Appendage Closure Postop**

**Vital Signs**

 Vital Signs

*Routine, Post op/procedural vital signs.*

*Comments: Every 15 minutes times 1 hours then every 30 minutes times 1 hour then every 1 hour times 2 hours and then routine.*

**Activity**

 Bedrest

*2 after sheaths are removed or until\_\_\_AM/PM. Then up as tolerated*

 Up Ad Lib

**Diet**

 NPO

*T;N, Per anesthesia* (DEF)\*

*T;N, Except for medications*

*T;N, Except for Beta Blockers*

*T;N, Except for Ice Chips*

 Liquid Diet

*Full Liquid*

 Healthy Heart TLC Diet

 Regular Diet

 Resume Previous Diet

**Patient Care**

 Discontinue PowerPlan

*Upon transfer or change in level of care.*

***Assessments***

 Neurovascular Checks

*Post op/procedural neurovascular checks. Check distal pulses.*

*Comments: Every 15 minutes times 1 hours then every 30 minutes times 1 hour then every 1 hour times 2 hours and then routine.*

 Full Disclosure Monitoring

 Observe

*Groin for bleeding or hematoma.*

***Nursing Interventions***

 Remove Dressing

*Routine, Once, Groin dressing at \_\_\_\_ AM/PM on \_\_\_\_ OR \_\_\_\_\_ hours after sheaths are removed.*

 Remove Suture

*Routine, in 1 hour*

 Urinary Catheter Discontinue

*When ambulating.*

 Discontinue

*SCD's, When ambulating*

**Nurse Communication**

 Notify Physician/Provider Vital Signs

*If systolic blood pressure is less than \_\_\_ or pulse is greater than \_\_\_ or less than \_\_\_.*

 Notify Physician/Provider

*If extremities become discolored, cool or diminished pulse.*

**Laboratory**

***Labs Done the Following Calendar Day***

 CBC

*T+1;0459*

 PT (includes INR)

*T+1;0459*

 PTT

*T+1;0459*

 CMP

*T+1;0459*

 Magnesium

*T+1;0459*

**Diagnostic Tests**

 EKG

*Routine, Now, Administered By: Department* (DEF)\*

*T+1;0600 Routine, Administered By: Department*

 Echo (TTE; 2D M Mode or 2D M Mode Doppler)

*T+1;0700 STAT, Department, Definity 1.3 mL PRN*

**Continuous Infusions**

 D5 1/2NS

*1,000 mL, IV, mL/hr*

*Comments: Infuse until \_\_\_\_\_\_ AM, \_\_\_\_\_\_ PM, OR for \_\_\_\_\_\_Hours OR \_\_\_\_\_\_\_ Until taking PO well.*

 1/2 NS 1000ml

*1,000 mL, IV, mL/hr*

*Comments: Infuse until \_\_\_\_\_\_ AM, \_\_\_\_\_\_ PM, OR for \_\_\_\_\_\_Hours OR \_\_\_\_\_\_\_ Until taking PO well.*

 Dextrose 5% in Water

*1,000 mL, IV, mL/hr*

*Comments: Titration Instructions: Infuse for one hour. Start at \_\_\_\_\_ or on call to Cath Lab and continue this infusion at a rate of \_\_\_\_\_\_mL/hr for \_\_\_\_\_ hours post- procedure or until \_\_\_\_\_\_ hours.*

 sodium bicarbonate 150 mEq/ D5W 1000mL (IVS)\*

Dextrose 5% in Water

*1,000 mL, IV, Rate: See Comments*

*Comments: Infuse at \_\_\_\_\_\_ mL/hr for one hour. Start at \_\_\_\_\_ or continue this infusion at a rate of \_\_\_\_\_\_\_ mL/hr for \_\_\_\_ hours post-procedure or until \_\_\_\_\_hours.*

sodium bicarbonate additive

*150 mEq*

**Scheduled Medications**

 GM Glycemic Control for Eating/NPO Patients (IGMO)(SUB)\*

 MucoMYST oral Cap (Restricted)

*600 mg, PO, Cap, Every 12 Hours, Duration: 4 Dose*

OR(NOTE)\*

 MucoMYST oral Cap (Restricted)

*1,200 mg, PO, Cap, Every 12 Hours, Duration: 4 Dose*

**PRN Medications**

Designate order in which to be given when selecting more than one drug for an indication.(NOTE)\*

 Zofran

*4 mg, IVPush, Soln, Every 6 Hours, PRN Nausea/Vomiting*

 Ultram

*50- 100 mg, PO, Tab, Every 6 Hours, PRN Pain, Admin Seq.: 1*

 Percocet 5/325

*1- 2 Tab, PO, Tab, Every 4 Hours, PRN Pain, Admin Seq.: 2*

 Tylenol

*650 mg, PO, Tab, Every 4 Hours, PRN Pain*

*Comments: Max: 4 Gm/day.*

 morphine

*2- 4 mg, IVPush, Syrg, Every 2 Hours, PRN Pain, Admin Seq.: 1*

 fentaNYL

*25- 50 mcg, IVPush, Inj, Every 4 Hours, PRN Pain, Admin Seq.: 2*

 Dilaudid

*0.25- 0.75 mg, IVPush, Inj, Every 4 Hours, PRN Pain, Admin Seq.: 3*

 Milk of Magnesia

*30 mL, PO, Susp, Daily, PRN Constipation*

 Maalox

*30 mL, PO, Susp, Every 8 Hours, PRN Indigestion/Heartburn*

 Ambien

*5 mg, PO, Tab, Nightly, PRN Insomnia/Sleep, Admin Seq.: 1* (DEF)\*

*10 mg, PO, Tab, Nightly, PRN Insomnia/Sleep, Admin Seq.: 1*

*Comments: Limited to age less than 65 yrs old.*

 Benadryl

*25 mg, PO, Tab, Nightly, PRN Insomnia/Sleep, Admin Seq.: 2*

*Comments: May repeat times 1 in one hour.*

 Benadryl

*25 mg, PO, Tab, TID, PRN Itching/Pruritus*

*Comments: May repeat times 1 in one hour for unrelieved itching.*

 Benadryl

*25 mg, IVPush, Inj, TID, PRN Itching/Pruritus*

*Comments: May repeat times 1 in one hour for unrelieved itching.*

 Restoril

*7.5 mg, PO, Cap, Nightly, PRN Insomnia/Sleep, Admin Seq.: 3* (DEF)\*

*15 mg, PO, Cap, Nightly, PRN Insomnia/Sleep, Admin Seq.: 3*

*Comments: Limited to age less than 65 yrs old.*

 Normal Saline Flush

*10 mL, IVPush, Syrg, q Shift, PRN Line Patency*

*Comments: 3 - 10 mL flush*

**Respiratory**

 Oxygen

*Routine, PRN, >/= 92%, 2 Liters Per Minute, Nasal Cannula*

**Consults**

 Consult Physician

 Consult Physician

**Non Categorized**

Original: 09/13 Revision: 03/15(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 sub phase