**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