



DATE ORDERED		PHYSICIANS ORDERS	POST-OP CAROTID ORDERS Dr. Crocker	SIGN, DATE AND TIME ALL ENTRIES
DATE	TIME			
		1. Admit to Critical Care Unit		
		2. Diagnosis:		
		I & O's		
		VS Q 15 minutes til stable then Q1° per ICU protocol		
		Labs: CBC, BMP, Mg, Ionized Calcium now and in a.m.		
		HOB ↑ 30° - legs level		
		O2 3LPM NPR		
		IS Q1° while awake		
		Ice pack to surgical site		
		Foley to BSC		
		NPO – when awake, alert, begin clear liquids slowly and advance to pre-op diet as tolerated.		
		List and resume pre-op meds.		
		Consult Dr. _____		
		3. HEMODYNAMIC:		
		a. VASODILATORS:		
		_____ If Systolic BP greater than 160 and SVR less than 1500 dynes begin Nitroglycerin drip 50 mg in 250cc of D5W initiate at 5 micrograms per min and titrate not to exceed 100 micrograms per min (30 ml per hr)		
		_____ If Systolic BP remains greater than 160 with titrated Nitroglycerine drip at 5 micrograms per kilogram per minute (100 micrograms per minute). If Systolic BP remains greater than 160 with titrated Nitroglycerin drip at 5 Micrograms per kilogram per minute (100 micrograms per minute) start Nitroprusside (Nipride) drip 100 mg in 250 ml D5W initiate at 0.1 – 0.3 micrograms per kg per minute not to exceed 10 micrograms per kilogram per minute.		
		4. MEDICATIONS:		
		Pantoprazole (Protonix) 40 mg PO daily		
		Mupirocin (Bactroban)2% nasal ointment to each nostril q 12 hrs		
		IV 1/2 NS + 20 meq KCL/ liter @ 75 ml/hr		
		Cefazolin (Ancef) _____ grams IVPB Q8° - discontinue within 24 hours from pre op dose		
		If diabetic begin Dr. Crocker's insulin protocol as needed.		
		Morphine 1 mg IV Q 1° PRN pain		
		Oxycodone 5 mg / Acetaminophen 325 mg (Percocet) one PO Q 3° PRN pain when taking PO, may increase to 2 if necessary for pain control		
		Ondansetron (Zofran) 4 mg IVP Q 4-6° PRN nausea and vomiting.		
		a. ELECTROLYTE REPLACEMENT THERAPY:		
		1. Supplemental Potassium Chloride:		
		a. If Potassium level less than 3.5 give 60 mEq IVPB, infuse over 1 ½ hours		
		b. If Potassium level is between 3.5 and 4.0 give 40 mEq IVPB, infuse over 1 hours.		
		c. Repeat Potassium level in 1 hour post infusion.		
		2. Supplemental Magnesium:		
		a. Mix 2 grams Magnesium Sulfate in 100 ml D5W		
		1. If Magnesium level is less than or equal 2 mg per dl give 2 grams over 30 minutes		
		2. Repeat Magnesium level in 1 hour post infusion		
		3. Supplemental Calcium Chloride:		
		a. If Ionized Calcium level less than 4.0 mg/dl give 1 gram Calcium Chloride in 50 ml D5W over 1 hour		
		b. Repeat Calcium level in 1 hour post infusion		

Physician Signature _____ Date/Time _____



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