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<th>Post-Op Abdominal Aortic Surgery Orders</th>
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1. Admit to CVU/ICU  □ Inpatient □ Outpatient □ Observation

2. Diagnosis: ____________________________

3. Vital Signs: Routine CVU/ICU vital signs

4. Bed rest on operative day. Sit on bedside tid on post-op day 1. Out of bed in chair bid on post-op day 2.

5. Daily weight.

6. Hourly I & O. Give 500 mL Lactated Ringers, for urine output < 40 mL per hr, over 1 to 1 1/2 hrs.
   
   **May repeat once; then notify physician if urine output remains < 40 mL/hr.**

7. NG tube to low suction; routine irrigation; record drainage each shift

8. Cardene (nicardipine) infusion 20mg in 0.9% NS 200ml – Infuse at 5 mg/hr. Increase by 2.5 mg/hr every 15 minutes to keep SBP<150 mmHg by cuff. Max rate is 15 mg/hr.

9. If K⁺ < 3.5, give KCl 10 mEq IV in 100 mL sterile water x 2 doses. Infuse each over 1 hour.
   
   If K⁺ 3.5 to 4.0, give KCl 10 mEq IV in 100 mL sterile water x 1 over 1 hour.
   
   Repeat K⁺ 1 hr after any infusion.

10. CM: SCIP - Surgical Care Improvement Project (Nursing Order – Do Not Delete)

11. NPO except ice chips and sips of water.

12. Lab: Stat Post-op: CBC w/diff, K⁺ , Clean-Catch Urinalysis, Glucose (if patient has history of diabetes); ABG PRN
   
   AM Lab: CBC w/diff, K⁺ , Creatine; Glucose (if patient has history of diabetes)

13. IV: Dextrose 5% in 0.45% Sodium Chloride with 20 mEq KCl per liter at 125 mL per hr.


15. Respiratory Therapy – Hyperinflation Consult.
   
   O₂ via nasal cannula or face mask to keep SPO₂ ≥ 92%.
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**ANESTHESIA END TIME:**

**Medication:** Administer medication utilizing range order guideline.

16. **Antibiotics:**

Antibiotics should not be administered more than 24 hrs after the documented Anesthesia End Time unless specifically and additionally ordered by a physician. Suspected infection should be clearly documented.

- Kefurox (cefuroxime) 1.5 grams IVPB q 8 hrs x 2 doses. If allergic to penicillin (*only if history of allergy includes anaphylaxis [hypotension, bronchospasm, laryngeal edema] or urticaria or angioedema*), substitute Vancocin (vancomycin) 15 mg/kg IVPB q 12 hrs x 1 dose.

17. **CM:** VTE Prophylaxis: Any of the following – *(Mechanical at minimum)*

**Pharmacologic:** Begin 18 hrs post surgery/procedure stop time or at _______ (date and time).

- ☐ Heparin 5,000 units subcutaneous ☐ q 8 hrs ☐ q 12 hrs
- ☐ Lovenox (enoxaparin) 40 mg subcutaneous q 24 hrs. *(Pharmacy to renally adjust)*

**Pharmacologic prophylaxis may be combined with the following:**

- ☐ SCDs plus TED hose ☐ Bilateral ☐ Right ☐ Left Begin immediately post-procedure.

18. **Pain:** Morphine ☐ 2 mg ☐ 3 mg ☐ 4 mg IV ☐ q 3 hrs ☐ q 4 hrs ☐ q 6 hrs PRN severe pain (6 - 10 on the numeric pain intensity scale).

If patient becomes obtunded and respiratory rate is ≤ 10, administer Narcan (naloxone) 0.4 mg IV STAT and notify physician immediately (unless patient is considered terminal, comfort care only, or hospice).

19. **Other:** Tylenol (acetaminophen) Supp 650 mg PR q 6 hrs PRN temp > 101°F for mild pain (0.1 – 3 on the numeric pain intensity scale)

**DO NOT EXCEED 3 grams of acetaminophen in 24 hrs.**

- Zofran (ondansetron HCl) 4 mg PO or IVq 6 hours PRN nausea. *(Give by the oral route unless the patient is unable to take PO meds. If unable to take PO meds, please administer the injectable by the IV route.)*

- Pepcid (famotidine) 20mg IV bid. Change to PO dose when patient tolerating PO fluids

*Pharmacy to renally adjust*

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*DOCTOR'S ORDERS*

**BOTTOM EDGE OF PATIENT LABEL**

REV 10/15; S40-3