Physician Orders ADULT: Transcatheter Aortic Valve Replacement (TAVR) Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

☐ Initiate Powerplan Phase
  Phase: Transcatheter Aortic Valve Replacement (TAVR) Phase, When to Initiate:________

☐ Initiate Powerplan Phase
  Phase: Post Cath/PCI Hydration Protocol Phase, When to Initiate: Other—See Special Instructions, When patient arrives in Post Cath Recovery area,

R Powerplan Open

Transcatheter Aortic Valve Replacement Post Op Plan
Admission/Transfer/Discharge
  If considering changing the STATUS then use the Case Management Consult order below in the consult section. (NOTE)*

☐ Return Patient to Room
☐ Patient Status Change
☐ Discharge Patient
☐ Notify Physician—Once
  Notify For: room number upon admission

Vital Signs
☐ Vital Signs
  Monitor and Record Pulse | Resp Rate | Blood Pressure, q15min, For 4 occurrence, then q30 min X 2 occurrence, then routine. Complete distal pulse checks with vital signs. Post TAVR Procedure

☐ Vital Signs–Post Sheath Removal
  Monitor and Record Blood Pressure | Resp Rate | Pulse, q15min, For 4 occurrence, then q30 min X 2 occurrences, then q1hr x 4 occurrences. Complete distal pulse checks with vital signs. Start upon sheath removal.

☐ Neurochecks
  q15min For 4 occurrence, then q1hr x 4, then q4hr x 4 then per unit routine.

Activity
☐ Bedrest
  For 6 hr, Strict, for 6 hrs post sheath removal with affected extremity straight

☐ Up To Chair
  tid, post sheath removal with meals

☐ Out Of Bed
  Up As Tolerated, 6hrs post sheath removal. Okay for patient to ambulate.

☐ Up
  Up Ad Lib, tid, Starting POD # 1

☐ Ambulate
  tid, As tolerated, starting POD #1.

Food/Nutrition
☐ Advance Diet As Tolerated
  Advance Diet as tolerated: NPO to Regular
  Comments: Nurse will call physician when pt. is tolerating original diet and Nurse will enter
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the new diet.

☐ Regular Adult Diet
☐ Consistent Carbohydrate Diet
☐ Low Salt Diet
☐ American Heart Association Diet
☐ Dysphagia Diet
☐ Clear Liquid Diet
☐ Renal Diet On Dialysis
☐ Renal Diet Not On Dialysis
☐ NPO

Patient Care
☐ Incentive Spirometry NSG
  q1h(std), while awake
☐ Groin Check
  Routine, q15min, For 1 hr
☐ Groin Check
  Routine, q30min, For 2 hr, T;N+60
☐ Groin Check
  Routine, q1h(std), Until stable, T;N+180
☐ Groin Check
  Routine, After patient stable, do routine groin checks, T;N+180
For cath patients without sheaths, uncheck the Sheath Remove order under Patient Care.(NOTE)*
If patient has sheath order the following:(NOTE)*
☐ Sheath Remove
  Special Instructions: Check ACT every 1 hour, Remove Sheath when ACT is less than 180 sec.
☐ ACT Bedside-NSG
  q1h(std), until less than 180 sec, then may discontinue this order
☐ ACT- LR POC- Nsg
  until less than 180 sec, then may discontinue this order
☐ ACT- Plus POC- Nsg
☐ Instruct/Educate
  Instruct: Patient and Family, Topic: TAVR, Krames
☐ Smoking Cessation Advice/Counseling
☐ Transradial Band Instructions
  POST TAVR Procedure: After 90 minutes, release 2mL of air from the R-Band every 10 mins until the balloon is deflated. If bleeding occurs at all during the process, inject air to restore hemostasis. Wait 30mins and then start process again.
If Transradial band is used, place orders for Cath Site Checks below.(NOTE)*
☐ Check Cath Site
  Routine, q15min, For 1 hr, check radial site
☐ Check Cath Site
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☐ Check Cath Site
   Routine, q30min, For 2 hr, check radial site, T;N+60

☐ Check Cath Site
   Routine, q1h(std), until stable. Check radial site

☐ Check Cath Site
   Routine, After patient stable, do routine radial site checks, T;N+180

☐ Chest Tube Care
   QDay, Change dressings. Start 48 hours post-op., T+2;0800

☐ Incision Care
   Routine, Keep original dressing intact (reinforce as needed) for first 48hrs.

☐ Incision Care
   If bleeding from incision(s), apply manual pressure to site until bleeding stops. If unsuccessful, notify physician.

☐ Dressing Care
   Routine, Action: Change, PRN, Change incision dressing daily if applicable. Start 48 hours post-op., T+2;0800

☐ Elevate Head Of Bed
   30 degrees Elevate no more than 30 degrees

Nursing Communication

☐ Nursing Communication
   For TAVR Post Procedure Plan: Give patient or family member information and ID card from device manufacturer, including closure device if used.

Medications

☐ +1 Hours acetaminophen
   650 mg, Tab, PO, q6h, PRN Pain, Mild or Fever, Routine
   For sheath removal, order one of the following below.(NOTE)*

☐ +1 Hours morphine
   2 mg, Injection, IV Push, once, Routine
   Comments: For sheath removal.

OR(NOTE)*

☐ +1 Hours HYDROMorphone
   0.5 mg, Injection, IV Push, once, Routine
   Comments: For sheath removal.

☐ +1 Hours oxyCODONE
   5 mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine

☐ +1 Hours ondansetron
   4 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine

☐ +1 Hours atropine
   1 mg, Injection, IV Push, once, PRN Bradycardia, Symptomatic, Routine
   Comments: HR less than 50.

☐ +1 Hours Maalox Advanced Maximum Strength
   30 mL, Oral Susp, PO, q4h, PRN Indigestion, Routine

☐ +1 Hours aspirin
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☐ 81 mg, DR Tablet, PO, QDay, Routine

☐ +1 Days clopidogrel
  75 mg, Tab, PO, QDay, Routine

☐ +1 Hours hydrALAZINE
  10 mg, Injection, IV Push, q4h, PRN Other, specify in Comment, Routine
  Comments: For sustained Systolic BP greater than 150 mmhg.

☐ VTE SURGICAL Prophylaxis Plan(SUB)*
☐ Insulin STANDARD Sliding Scale Plan(SUB)*

**Laboratory**
☐ BMP  
  Routine, T+1;0400, once, Type: Blood
☐ Magnesium Level  
  Routine, T+1;0400, once, Type: Blood
☐ CBC  
  Routine, T+1;0400, once, Type: Blood

**Diagnostic Tests**
☐ EKG  
  Start at: T;N, Priority: Routine, Reason: Arrhythmia/Dysrhythmia, Upon arrival to unit unless pt. has a permanent pacemaker.
☐ EKG  
  Start at: T;N+1, Priority: Routine, Reason: Arrhythmia/Dysrhythmia, Post Op Day 1, unless pt. has a permanent pacemaker.
☐ Chest 2VW Frontal & Lat  
  T;N+1, Routine  
  Comments: Post Op Day 1
☐ TTE Adult  
  Start at: T;N+1, Reason: Other, specify, Other reason: S/P TAVR procedure, f/u Implanted device (prosthetic) valve., Transport: Stretcher, Patient to be transported to lab to perform test.

**Consults/Notifications/Referrals**
☐ Notify Physician-Once  
  Notify: performing MD, Notify For: if patient has symptomatic bradycardia requiring atropine
☐ Case Management Consult  
  Routine, Assist with PATIENT STATUS CHANGE order.
☐ Case Management Consult  
  Routine, Resume Home Health/Home Health post discharge
☐ Cardiac Rehab Consult/Doctor Order

**Post Cath/PCI Hydration Protocol Phase**

**Non Categorized**
  DO NOT resume ACE/ARB until 48 hours post TAVR,(NOTE)*
  MONITOR Serum Creatinine at 24 hours and 48 hours post TAVR,(NOTE)*
  NO other contrast procedures within 72 hours of TAVR(NOTE)*

**Continuous Infusion**
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NORMAL Renal Function (GFR greater than 60 mL/min). (NOTE)*

☐ Sodium Chloride 0.9%
   1,000 mL, IV, 1.5 mL/kg/hr
   Comments: Infuse at 1.5 mL/kg/hr post procedure until discharge OR for a MAXIMUM of 4 hours.

IMPAIRED Renal Function (GFR less than 60 mL/min and greater than 30 mL/min). (NOTE)*

☐ Sodium Chloride 0.9%
   1,000 mL, IV, 0.75 mL/kg/hr
   Comments: Infuse at 0.75 mL/kg/hr post procedure until discharge OR for a MAXIMUM of 4 hours.

Laboratory

☐ Creatinine
   Routine, T+1;0400, once, Type: Blood

☐ Creatinine
   Routine, T+2;0400, once, Type: Blood

_________________________________________   ___________________________   ______________________________________  __________
Date     Time     Physician’s Signature               MD Number

*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, see separate sheet
R-Required order