

BODYIR Post Paracentesis [1453]

Nursing

Vital Signs

Vital signs - T/P/R/BP Routine, Every 15 min For 1 Occurrences, PACU & Post-op

Nursing

Strict bed rest Routine, Until discontinued, Starting S For 15 minutes., PACU & Post-op

Bed rest Routine, Until discontinued, Starting S Bathroom Privileges: For 30 minutes, PACU & Post-op

Nursing communication Routine, Until discontinued, Starting S Instruction: ***, PACU & Post-op

Nursing communication Routine, Until discontinued, Starting S Instruction: ***, PACU & Post-op

Notify

Notify Radiologist Routine, Until discontinued, Starting S, For worsening abdominal pain or bleeding at paracentesis site., Post-op

Return to Floor

Return to Floor (Single Response)

OK to return to previous IP bed Routine, Until discontinued, Starting S, PACU

Discharge

Discharge Order (Single Response)

Discharge patient when criteria met Routine, Once Discharge Criteria: Clearing specialty: Scheduling/ADT

Discharge to home Routine, Once Discharge Criteria: Clearing specialty: Scheduling/ADT

Discontinue tubes/drains

Discontinue Foley catheter Routine, Once, Scheduling/ADT

Discharge home with Foley catheter Routine, Once, Scheduling/ADT

Discontinue IV Routine, Once For 1 Occurrences, Scheduling/ADT

Deaccess port

Deaccess Port-a-cath Routine, Once, Scheduling/ADT

heparin, porcine (PF) 100 unit/mL injection intra-catheter, once, Scheduling/ADT

Discharge Activity

Activity as tolerated Routine, Normal, Scheduling/ADT

Ambulate with assistance or assistive device Routine, Normal, Scheduling/ADT

Lifting restrictions Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.

Weight bearing restrictions (specify) Routine, Normal, Scheduling/ADT Weight Bearing Status: Extremity: ***

Moderate bedrest with complete pelvic rest (no tampons, douching, sex) Routine, Normal, Scheduling/ADT

Complete pelvic rest (no tampons, douching, sex) Routine, Normal, Scheduling/ADT

<input type="checkbox"/> No driving for 2 weeks	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Shower instructions:	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge activity	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, Scheduling/ADT, ***

Wound/Incision Care

<input type="checkbox"/> Discharge wound care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge incision care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge dressing	Routine, Normal, Scheduling/ADT, ***

Discharge Diet - REQUIRED (Single Response)

<input type="checkbox"/> Discharge Diet	Routine, Normal, Scheduling/ADT Discharge Diet:
<input type="checkbox"/> Discharge Diet- Regular	Routine, Normal, Scheduling/ADT Discharge Diet: Regular

Patient to notify physician

<input type="checkbox"/> Call physician for:	Routine, Normal, Scheduling/ADT, Temperature greater than 100.5
<input type="checkbox"/> Call physician for: Persistent nausea or vomiting	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for: severe uncontrolled pain	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for:	Routine, Normal, Scheduling/ADT, ***

Discharge Education

<input type="checkbox"/> Nurse to provide discharge education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide patient education Scheduling/ADT
<input type="checkbox"/> Nurse to provide tobacco cessation education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide tobacco cessation education Scheduling/ADT

Discharge Instructions

<input type="checkbox"/> Additional discharge instructions for Patient	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***, Scheduling/ADT

Place Follow-Up Order

<input type="checkbox"/> Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time:
<input type="checkbox"/> Follow-up with primary care physician	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:

Follow-up with physician

Follow up on:
Appointment Time:
Follow up in:
Instructions for Follow Up:

Follow-up with department

Details