

**Post Procedure**

**Vital Signs**

|   |   |
|---|---|
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Every 15 min<br>Every 15 min times 4, then every 30 min times 2, then every 1 hour, PACU & Post-op |
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Every 15 min<br>Every 15 min times 4, PACU & Post-op   |

**Nursing**

|  |  |
|--|--|
| <input type="checkbox"/> Post procedure site assessment      | Routine, With vitals<br>Procedure Site:<br>For hematoma, bleeding and drainage., PACU & Post-op      |
| <input type="checkbox"/> Renal biopsy: check urine for blood | Routine, Until discontinued, Starting S<br>Notify procedure physician for hematuria., PACU & Post-op |
| <input type="checkbox"/> Nursing communication               | Routine, Until discontinued, Starting S<br>Instructions: ***, PACU & Post-op                         |

**Activity**

|  |  |
|--|--|
| <input type="checkbox"/> Bed rest with bathroom privileges | Routine, Until discontinued, Starting S For 2 Hours<br>Bathroom Privileges: with bathroom privileges<br>PACU & Post-op |
| <input type="checkbox"/> Strict bed rest                   | Routine, Until discontinued, Starting S For 1 Hours, PACU & Post-op  |
| <input type="checkbox"/> Strict bed rest                   | Routine, Until discontinued, Starting S For 2 Hours, PACU & Post-op  |
| <input type="checkbox"/> Strict bed rest                   | Routine, Until discontinued, Starting S For 4 Hours<br>Right side laying for 1 hour, PACU & Post-op                    |
| <input type="checkbox"/> Activity as tolerated             | Routine, Until discontinued, Starting S<br>Specify: Activity as tolerated<br>PACU & Post-op                            |

**Diet**

|                               |   |
|-------------------------------|---|
| <input type="checkbox"/> NPO  | Diet effective now, Starting S<br>NPO:<br>Pre-Operative fasting options:<br>PACU & Post-op  |
| <input type="checkbox"/> Diet | Diet effective now, Starting S<br>Diet(s):<br>Other Options:<br>Advance Diet as Tolerated?<br>IDDSI Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Foods to Avoid:<br>PACU & Post-op |

**Notify**

|  |  |
|--|--|
| <input type="checkbox"/> Notify Radiologist if patient experiences worsening pain, shortness or breath or bleeding at biopsy site. | Routine, Until discontinued, Starting S, Post-op |
|--|--|

**Interventional Orders**

|   |   |
|---|---|
| <input type="checkbox"/> Place catheter to gravity bag drainage | Routine, Until discontinued, Starting S<br>Specify type/location: __***, PACU & Post-op |
| <input type="checkbox"/> Intake and output                      | Routine, Every 12 hours, Post-op  |

|  |  |
|--|--|
| <input type="checkbox"/> Change dressing | Routine, Once<br>And PRN to keep biopsy site(s) clean and dry., PACU & Post-op |
|--|--|

### Lung Biopsy Orders

|                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Chest 1 Vw | STAT, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op                                |
| <input type="checkbox"/> Chest 1 Vw | Routine, 1 time imaging, Starting S at 1:00 AM For 1<br>1 hour post lung biopsy, PACU & Post-op  |
| <input type="checkbox"/> Chest 1 Vw | Routine, 1 time imaging, Starting S at 1:00 AM For 1<br>2 hours post lung biopsy, PACU & Post-op |
| <input type="checkbox"/> Chest 1 Vw | Routine, 1 time imaging, Starting S at 1:00 AM For 1<br>3 hours post lung biopsy, PACU & Post-op |
| <input type="checkbox"/> Chest 1 Vw | Routine, 1 time imaging, Starting S at 1:00 AM For 1,<br>Post-op                                 |
| <input type="checkbox"/> Chest 2 Vw | STAT, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op                                |
| <input type="checkbox"/> Chest 2 Vw | Routine, 1 time imaging, Starting S at 1:00 AM For 1<br>1 hour post lung biopsy, PACU & Post-op  |
| <input type="checkbox"/> Chest 2 Vw | Routine, 1 time imaging, Starting S at 1:00 AM For 1<br>2 hours post lung biopsy, PACU & Post-op |
| <input type="checkbox"/> Chest 2 Vw | Routine, 1 time imaging, Starting S at 1:00 AM For 1<br>3 hours post lung biopsy, PACU & Post-op |
| <input type="checkbox"/> Chest 2 Vw | Routine, 1 time imaging, Starting S at 1:00 AM For 1,<br>Post-op                                 |

### Lung Biopsy Orders

|  |  |
|--|--|
| <input type="checkbox"/> XR Chest 1 Vw                       | Status: Future, Expires: S+365, Routine, Ancillary Performed |
| <input type="checkbox"/> XR Chest 2 Vw                       | Status: Future, Expires: S+365, Routine, Ancillary Performed |
| <input type="checkbox"/> XR Chest Inspiration And Expiration | Status: Future, Expires: S+365, Routine, Ancillary Performed |

## Return to Floor

### Return to Floor (Single Response)

|   |   |
|---|---|
| <input type="checkbox"/> OK to return to previous IP bed          | Routine, Until discontinued, Starting S, PACU |
| <input type="checkbox"/> OK to return to IP bed after 1hr in PACU | Routine, Until discontinued, Starting S, PACU |

## Medications

### Post-Procedure Medications

|   |  |
|---|--|
| <input type="checkbox"/> hydroMORPHone (DILAUDID) or fentaNYL (SUBLIMAZE) injection (Single Response) |  |
| <input type="checkbox"/> fentaNYL (SUBLIMAZE) injection   | 25 mcg, intravenous, every 15 min PRN, severe pain (score 7-10), For 2 Doses, PACU & Post-op<br>Hold for respirations LESS than 12 breath/minute. For persistent pain, call interventional MD. |
| <input type="checkbox"/> hydromorPHONE (DILAUDID) injection   | 0.5 mg, intravenous, every 15 min PRN, severe pain (score 7-10), For 2 Doses, PACU & Post-op<br>Hold for respirations LESS than 12 breath/minute. For persistent pain, call interventional MD. |
| <input checked="" type="checkbox"/> naloxone (NARCAN) 0.4 mg/mL injection                             | 0.2 mg, intravenous, once PRN, opioid reversal, PACU & Post-op   |
| <input type="checkbox"/> ondansetron (ZOFTRAN) IV   | 4 mg, intravenous, once PRN, nausea, vomiting, PACU & Post-op  |

## VTE

## Labs

## Cardiology

## Imaging

## Other Studies

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

## Additional Orders

## Discharge

### Discharge Order (Single Response)

- |  |   |
|--|---|
| <input type="checkbox"/> Discharge patient when criteria met | Routine, Once<br>Discharge Criteria:<br>Clearing specialty:<br>Scheduling/ADT         |
| <input type="checkbox"/> Discharge to home                   | Routine, Once<br>Discharge Criteria:<br>Clearing specialty:<br>at ***, Scheduling/ADT |

### Discontinue tubes/drains

- |  |   |
|--|---|
| <input type="checkbox"/> Discontinue Foley catheter                  | Routine, Once, Scheduling/ADT                   |
| <input type="checkbox"/> Discharge home with Foley catheter          | Routine, Once, Scheduling/ADT                   |
| <input type="checkbox"/> Discontinue IV                              | Routine, Once For 1 Occurrences, Scheduling/ADT |
| <input type="checkbox"/> Deaccess port                               |   |
| <input type="checkbox"/> Deaccess Port-a-cath                        | Routine, Once, Scheduling/ADT                   |
| <input type="checkbox"/> heparin, porcine (PF) 100 unit/mL injection | intra-catheter, once, Scheduling/ADT            |

### Discharge Activity

- |   |  |
|---|--|
| <input type="checkbox"/> Activity as tolerated  | Routine, Normal, Scheduling/ADT  |
| <input type="checkbox"/> Ambulate with assistance or assistive device                           | Routine, Normal, Scheduling/ADT  |
| <input type="checkbox"/> Lifting restrictions   | Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.                    |
| <input type="checkbox"/> Weight bearing restrictions (specify)                                  | Routine, Normal, Scheduling/ADT<br>Weight Bearing Status:<br>Extremity:<br>*** |
| <input type="checkbox"/> Moderate bedrest with complete pelvic rest (no tampons, douching, sex) | Routine, Normal, Scheduling/ADT  |
| <input type="checkbox"/> 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<br>Discharge Diet: |
|---|--|

|  |  |
|--|--|
| <input type="checkbox"/> Discharge Diet- Regular   | Routine, Normal, Scheduling/ADT<br>Discharge Diet: Regular   |
| <b>Patient to notify physician</b>   |  |
| <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, ***   |
| <b>Discharge Education</b>   |  |
| <input type="checkbox"/> Nurse to provide discharge education  | Routine, Once<br>Patient/Family: Both<br>Education for: Other (specify)<br>Specify: Nurse to provide patient education<br>Scheduling/ADT           |
| <input type="checkbox"/> Nurse to provide tobacco cessation education  | Routine, Once<br>Patient/Family: Both<br>Education for: Other (specify)<br>Specify: Nurse to provide tobacco cessation education<br>Scheduling/ADT |
| <b>Discharge Instructions</b>  |  |
| <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<br>***, Scheduling/ADT   |
| <b>Place Follow-Up Order</b>   |  |
| <input type="checkbox"/> Follow-up with me   | Follow up with me:<br>Clinic Contact:<br>Follow up in:<br>On date:<br>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:<br>Appointment Time:<br>Follow up in:<br>Instructions for Follow Up:   |
| <input type="checkbox"/> Follow-up with physician  | Follow up on:<br>Appointment Time:<br>Follow up in:<br>Instructions for Follow Up:   |
| <input type="checkbox"/> Follow-up with department   | Details  |