

CVIR Post Biliary Drainage Catheter [1390]

General

Nursing

Vital Signs

[] Vital signs - T/P/R/BP	Routine, Every 15 min Every 15 min times 4, then every 30 min times 2, then every 1 hour times 2., PACU & Post-op
[] Vital signs - T/P/R/BP	Routine, Every 30 min Every 30 min times 2, then every 1 hour times 2., PACU & Post-op
[] Vital signs - T/P/R/BP	Routine, Every hour For 2 Occurrences, PACU & Post-op

Activity

[] Strict bed rest	Routine, Until discontinued, Starting S For 2 Hours, PACU & Post-op
[] Strict bed rest	Routine, Until discontinued, Starting S For 4 Hours Then may resume pre-procedure activity., PACU & Post-op

Nursing

[] Initial measurement of exposed length	Routine, Once For 1 Occurrences Initial measurement of exposed length of Biliary catheter is *** inches or *** centimeters., PACU & Post-op
[] Measure drainage	Routine, Every 12 hours Type of drain: Other Specify: Biliary catheter External drainage; biliary catheter to drainage bag. Document in Epic., PACU & Post-op
[] Drain to gravity bag drainage	Routine, Until discontinued, Starting S, PACU & Post-op
[] Drain capped to internal drainage	Routine, Until discontinued, Starting S May uncap to gravity bag drainage if worsening fever or abdominal pain., PACU & Post-op

[] Drain Care

[] Drain care	"And" Linked Panel Routine, Now then every 12 hours Type of drain: Other Specify: biliary catheter Specify location: Drain Number: Drainage/Suction: Flush Biliary catheter every 12 hours (whether capped or to drainage bag). Flush with 10-12cc Normal Saline. NEVER CLAMP OR ASPIRATE from the catheter., PACU & Post-op 10 mL, intravenous, every 12 hours, PACU & Post-op
[] sodium chloride 0.9 % flush	

[] Change dressing

[] Change dressing	Routine, Daily At biliary catheter site, nurse may use paper or Hypafix tape if skin is irritated. Also PRN., PACU & Post-op
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[] Nursing communication

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

Diet

[] NPO except meds	Diet effective now, Starting S For 1 Hours NPO: Except meds Pre-Operative fasting options: PACU & Post-op
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<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
<input type="checkbox"/> Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed? PACU & Post-op

Notify

<input type="checkbox"/> Notify Endovascular Radiology of worsening abdominal pain or bloody output from drain cath	Routine, Until discontinued, Starting S, Specify site access: *** Please call 713-441-6540., PACU & Post-op
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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

IV Fluids

IV Fluids

<input type="checkbox"/> sodium chloride 0.9% infusion	intravenous, continuous, PACU & Post-op
<input type="checkbox"/> sodium chloride 0.45 % infusion	intravenous, continuous, PACU & Post-op
<input type="checkbox"/> dextrose 5% infusion	intravenous, continuous, PACU & Post-op

Medications

Premedications

<input type="checkbox"/> acetaminophen (OFIRMEV) intravenous solution	1,000 mg, intravenous, for 15 Minutes, once, For 1 Doses, Pre-Procedure
<input type="checkbox"/> ondansetron (ZOFRAN) IV	4 mg, intravenous, every 6 hours, Pre-Procedure
<input type="checkbox"/> lidocaine-prilocaine (EMLA) cream	1 application, Topical, once, For 1 Doses, Pre-Procedure
<input type="checkbox"/> dexamethasone (DECADRON) IV	10 mg, intravenous, once, For 1 Doses, Pre-Procedure

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 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 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, For 1 Doses, PACU & Post-op

ondansetron (ZOFRAN) IV

4 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses, PACU & Post-op

IV Fluids

VTE

Labs

Cardiology

Diagnostic Imaging

Other Diagnostic Studies

Respiratory

Rehab

Consults

Additional Orders

Discharge

Discharge Order (Single Response)

Discharge patient when criteria met Routine, Once
Discharge Criteria:
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 - REQUIRED

<input type="checkbox"/> Activity as tolerated	Routine, Scheduling/ADT
<input type="checkbox"/> Ambulate with assistance or assistive device	Routine, Scheduling/ADT
<input type="checkbox"/> Lifting restrictions	Routine, Scheduling/ADT, No lifting over 10 pounds.
<input type="checkbox"/> Weight bearing restrictions (specify)	Routine, Scheduling/ADT Weight Bearing Status: Extremity: ***
<input type="checkbox"/> Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Scheduling/ADT
<input type="checkbox"/> Complete pelvic rest (no tampons, douching, sex)	Routine, Scheduling/ADT
<input type="checkbox"/> No driving for 2 days	Routine, Scheduling/ADT
<input type="checkbox"/> Shower instructions:	Routine, Scheduling/ADT, ***
<input type="checkbox"/> Discharge activity	Routine, Scheduling/ADT
<input type="checkbox"/> Other restrictions (specify):	Routine, Scheduling/ADT, ***

Wound/Incision Care

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

Discharge Diet - REQUIRED (Single Response)

() Discharge Diet	Routine, Scheduling/ADT Discharge Diet:
() Discharge Diet- Regular	Routine, Scheduling/ADT Discharge Diet: Regular

Patient to notify physician

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

Discharge Education

[] Nurse to provide discharge education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide patient education Scheduling/ADT
[] 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

[] Additional discharge instructions for Patient	Routine, Scheduling/ADT, ***
[] Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***, Scheduling/ADT

Place Follow-Up Order

[] Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time:
[] Follow-up with primary care physician	Routine, Scheduling/ADT
[] 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