

# CVIR Post Biliary Drainage Catheter [1390]

## General

## Nursing

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

### Activity

- |  |  |
|--|--|
| <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>Then may resume pre-procedure activity., PACU & Post-op |

### Nursing

- |  |   |
|--|---|
| <input type="checkbox"/> Initial measurement of exposed length | Routine, Once For 1 Occurrences<br>Initial measurement of exposed length of Biliary catheter is ___ inches or ___ centimeters., PACU & Post-op  |
| <input type="checkbox"/> Measure drainage                      | Routine, Every 12 hours<br>Type of drain: Other<br>Specify: Biliary catheter<br>External drainage; biliary catheter to drainage bag. Document in Epic., PACU & Post-op  |
| <input type="checkbox"/> Drain to gravity bag drainage         | Routine, Until discontinued, Starting S, PACU & Post-op   |
| <input type="checkbox"/> Drain capped to internal drainage     | Routine, Until discontinued, Starting S<br>May uncap to gravity bag drainage if worsening fever or abdominal pain., PACU & Post-op  |
| <input type="checkbox"/> Drain Care                            | <b>"And" Linked Panel</b>   |
| <input type="checkbox"/> Drain care                            | Routine, Now then every 12 hours<br>Type of drain: Other<br>Specify: biliary catheter<br>Specify location:<br>Drain Number:<br>Drainage/Suction:<br>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 |
| <input type="checkbox"/> sodium chloride 0.9 % flush           | 10 mL, intravenous, every 12 hours, PACU & Post-op  |
| <input type="checkbox"/> Change dressing                       | Routine, Daily<br>At biliary catheter site, nurse may use paper or Hypafix tape if skin is irritated. Also PRN., PACU & Post-op   |
| <input type="checkbox"/> Nursing communication                 | Routine, Until discontinued, Starting S<br>Instruction: ____, PACU & Post-op  |
| <input type="checkbox"/> Nursing communication                 | Routine, Until discontinued, Starting S<br>Instruction: ____, PACU & Post-op  |

### Diet

- |  |  |
|--|--|
| <input type="checkbox"/> NPO except meds | Diet effective now, Starting S For 1 Hours<br>NPO: Except meds<br>Pre-Operative fasting options:<br>PACU & Post-op |
|--|--|

<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
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<input type="checkbox"/> Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed? PACU & Post-op
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**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 (ZOFTRAN) 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 (ZOFTRAN) 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

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 - REQUIRED

Activity as tolerated  
Routine, Scheduling/ADT

Ambulate with assistance or assistive device  
Routine, Scheduling/ADT

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

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

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

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

No driving for 2 days  
Routine, Scheduling/ADT

Shower instructions:  
Routine, Scheduling/ADT, \*\*\*

Discharge activity  
Routine, Scheduling/ADT

Other restrictions (specify):  
Routine, Scheduling/ADT, \*\*\*

### Wound/Incision Care

Discharge wound care  
Routine, Scheduling/ADT, \*\*\*

Discharge incision care  
Routine, Scheduling/ADT, \*\*\*

Discharge dressing  
Routine, Scheduling/ADT, \*\*\*

### Discharge Diet - REQUIRED (Single Response)

<input type="checkbox"/> Discharge Diet	Routine, Scheduling/ADT Discharge Diet:
<input type="checkbox"/> Discharge Diet- Regular	Routine, Scheduling/ADT Discharge Diet: Regular
<b>Patient to notify physician</b>	
<input type="checkbox"/> Call physician for:	Routine, Scheduling/ADT, Temperature greater than 100.5
<input type="checkbox"/> Call physician for: Persistent nausea or vomiting	Routine, Scheduling/ADT
<input type="checkbox"/> Call physician for: severe uncontrolled pain	Routine, 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, Scheduling/ADT
<input type="checkbox"/> Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Scheduling/ADT
<input type="checkbox"/> Call physician for:	Routine, Scheduling/ADT, ***
<b>Discharge Education</b>	
<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
<b>Discharge Instructions</b>	
<input type="checkbox"/> Additional discharge instructions for Patient	Routine, Scheduling/ADT, ***
<input type="checkbox"/> Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***, Scheduling/ADT
<b>Place Follow-Up Order</b>	
<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, Scheduling/ADT
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with department	Details