

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 when chest x-ray reviewed Routine, Until discontinued, Starting S, PACU

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

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 weeks Routine, Scheduling/ADT

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

Discharge activity Routine, Scheduling/ADT

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)

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

Patient to notify physician

<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, ***

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, 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, 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