

## Post Procedure

## Vital Signs

<input type="checkbox"/> 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, PACU & Post-op
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## Nursing

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

## Activity

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

## Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: 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

## 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
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## Interventional Orders

<input type="checkbox"/> Place catheter to gravity bag drainage	Routine, Until discontinued, Starting S 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 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 For 1 , PACU & Post-op
<input type="checkbox"/> Chest 1 Vw	Routine, 1 time imaging For 1 1 hour post lung biopsy, PACU & Post-op

[ ] Chest 1 Vw	Routine, 1 time imaging For 1 2 hours post lung biopsy, PACU & Post-op
[ ] Chest 1 Vw	Routine, 1 time imaging For 1 3 hours post lung biopsy, PACU & Post-op
[ ] Chest 1 Vw	Routine, 1 time imaging For 1 , Post-op
[ ] Chest 2 Vw	STAT, 1 time imaging For 1 , PACU & Post-op
[ ] Chest 2 Vw	Routine, 1 time imaging For 1 1 hour post lung biopsy, PACU & Post-op
[ ] Chest 2 Vw	Routine, 1 time imaging For 1 2 hours post lung biopsy, PACU & Post-op
[ ] Chest 2 Vw	Routine, 1 time imaging For 1 3 hours post lung biopsy, PACU & Post-op
[ ] Chest 2 Vw	Routine, 1 time imaging For 1 , Post-op

### Lung Biopsy Orders

[ ] XR Chest 1 Vw	Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed
[ ] XR Chest 2 Vw	Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed
[ ] XR Chest Inspiration And Expiration	Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed

### Medications

#### VTE

#### Labs

#### Cardiology

#### Imaging

#### Other Studies

#### Respiratory

#### Rehab

#### Consults

For Physician Consult orders use sidebar

### Additional Orders

#### Discharge

##### Discharge Order (Single Response)

( ) Discharge patient when criteria met	Routine, Once Discharge Criteria: Scheduling/ADT
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#### 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

<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 weeks	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)

<input type="radio"/> Discharge Diet	Routine, Scheduling/ADT Discharge Diet:
<input type="radio"/> 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

[ ] 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