

General

Nursing

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 4, then every 1 hour times 4, then every shift., PACU & Post-op
---	--

Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 4 Hours For 4 hours, PACU & Post-op
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges For 12 hours post-procedure, PACU & Post-op

Nursing

<input type="checkbox"/> Send patient back to floor/unit	Routine, Once For 1 Occurrences When: PACU/AOD discharge criteria met PACU
<input type="checkbox"/> Assess cath site	Routine, Every 15 min Every 15 minutes times 4, then every 30 minutes times 4, then every 1 hour times 4, then every shift. Please indicate side and laterality., PACU & Post-op
<input type="checkbox"/> Pulse checks	Routine, Every 15 min Pulses to assess: Pedal Side: With vitals, every 15 minutes times 4, then every 30 minutes times 4, then every 1 hour times 4, then every shift. Please indicate side and laterality., PACU & Post-op
<input type="checkbox"/> Neurological assessment	Routine, Every 15 min Assessment to Perform: With vitals, every 15 minutes times 4, then every 30 minutes times 4, then every 1 hour times 4, then every 4 hours., PACU & Post-op
<input type="checkbox"/> Apply ice pack	Routine, As needed Affected area: to puncture site PRN for pain or swelling, PACU & Post-op
<input type="checkbox"/> Encourage fluids	Routine, Until discontinued, Starting S, PACU & Post-op
<input type="checkbox"/> Bedside glucose	Routine, Once If diabetic, in Endovascular/AOD unit. Notify Radiologist if glucose is below 60 mg/dL or above 200 mg/dL while in Radiology unit., PACU

Notify

<input type="checkbox"/> Notify ordering physician if evidence of bleeding and/or hematoma around catheter exit site	Routine, Until discontinued, Starting S, Post-op
--	--

Medications

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
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

- | | |
|---|--|
| <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 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="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
--	---------

Care Navigator Consult

<input type="checkbox"/> Referral to Care Navigators	Internal Referral Care Navigator Referral Reason: Patient's Phone Number:
--	---