

NEURORAD Post Lumbar Puncture [1569]

Nursing

Vitals

[X] Vital signs - T/P/R/BP	Routine, Every 15 min Every 15 minutes x 2 then every 30 minutes x 2 then every hour until discharged., PACU
----------------------------	---

Activity

[X] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S For 12 Hours Bathroom Privileges: with bathroom privileges Patient should lie still for 12 hours, but may have bathroom privileges. May elevate head of bed up to 30 degrees for patient comfort., PACU & Post-op
---------------------------------------	---

Nursing

[] Send patient back to floor	Routine, Until discontinued, Starting S When: PACU/AOD discharge criteria met PACU
[] Discharge home	Routine, Once For 1 Occurrences At ***, if stable. Confirm medication reconciliation is complete., PACU
[X] Neurological assessment	Routine, As needed Assessment to Perform: PACU & Post-op
[X] Fall precautions	Increased observation level needed: Consider patient a high risk for fall., PACU & Post-op
[] Nursing communication	Routine, Until discontinued, Starting S, Post-op

Diet

[] Diet	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
----------	--

Medications

Restricted Medications

[] No anti-platelet agents EXcluding aspirin	Routine, Until discontinued, Starting S For 24 Hours Reason for "No" order: PACU & Post-op
[] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S For 24 Hours Reason for "No" order: PACU & Post-op
[] No anticoagulants EXcluding UNfractionated heparin	Routine, Until discontinued, Starting S For 24 Hours, PACU & Post-op
[] No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S For 24 Hours Reason for "No" order: PACU & Post-op

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

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)

() 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

<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