

CVIR Post Microspheres [1602]

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 2, then every 1 hour times 1, PACU & Post-op
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Nursing

<input type="checkbox"/> Discontinue IV	Routine, Once, PACU & Post-op
<input type="checkbox"/> Discharge Home	Routine, Once For 1 Occurrences At ***, if stable. Confirm medication reconciliation is complete., PACU

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

IV Fluids

Medications

Medications

<input type="checkbox"/> ondansetron (ZOFRAN) IV	8 mg, intravenous, every 6 hours PRN, nausea, PACU & Post-op
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VTE

Labs

Labs

<input type="checkbox"/> Hepatic function panel	AM draw, Starting S+1 For 1 Occurrences, Post-op
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Cardiology

Imaging

Nuclear

<input type="checkbox"/> NM Spect Liver Imaging	Routine, 1 time imaging, Starting S+1 For 1 In AM, call dept for questions x12282., Post-op
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Other 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)

() 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
[] Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine, Scheduling/ADT
[] Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Scheduling/ADT
[] Call physician for:	Routine, Scheduling/ADT, ***

Discharge Education

Nurse to provide discharge education Routine, Once
Patient/Family: Both
Education for: Other (specify)
Specify: Nurse to provide patient education
Scheduling/ADT

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

Additional discharge instructions for Patient Routine, Scheduling/ADT, ***
 Discharge instructions for Nursing- Will not show on AVS Routine, Once
***, Scheduling/ADT

Place Follow-Up Order

Follow-up with me Follow up with me:
Clinic Contact:
Follow up in:
On date:
Appointment Time:

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