

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
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<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
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IV Fluids

Medications

Medications

<input type="checkbox"/> ondansetron (ZOFTRAN) 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)

<input type="checkbox"/> Discharge patient when criteria met	Routine, Once Discharge Criteria: Scheduling/ADT
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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 - REQUIRED

<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 days	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