

General**Nursing****Vital Signs**

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| <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 |
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Activity

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| <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

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| <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

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

<input type="checkbox"/> Activity as tolerated	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Ambulate with assistance or assistive device	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Lifting restrictions	Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.
<input type="checkbox"/> Weight bearing restrictions (specify)	Routine, Normal, Scheduling/ADT Weight Bearing Status: Extremity: ***
<input type="checkbox"/> Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> No driving for 2 weeks	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Shower instructions:	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge activity	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, Scheduling/ADT, ***

Wound/Incision Care

<input type="checkbox"/> Discharge wound care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge incision care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge dressing	Routine, Normal, Scheduling/ADT, ***

Discharge Diet - REQUIRED (Single Response)

<input type="checkbox"/> Discharge Diet	Routine, Normal, Scheduling/ADT Discharge Diet:
<input type="checkbox"/> Discharge Diet- Regular	Routine, Normal, Scheduling/ADT Discharge Diet: Regular

Patient to notify physician

<input type="checkbox"/> Call physician for:	Routine, Normal, Scheduling/ADT, Temperature greater than 100.5
<input type="checkbox"/> Call physician for: Persistent nausea or vomiting	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for: severe uncontrolled pain	Routine, Normal, 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, Normal, Scheduling/ADT
<input type="checkbox"/>	Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Normal, Scheduling/ADT
<input type="checkbox"/>	Call physician for:	Routine, Normal, 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, Normal, 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, Normal, 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