

General

Nursing

Vital Signs

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| [] 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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| [] Strict bed rest | Routine, Until discontinued, Starting S For 4 Hours For 4 hours, PACU & Post-op |
| [] 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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| [] Send patient back to floor/unit | Routine, Once For 1 Occurrences When: PACU/AOD discharge criteria met PACU |
| [] 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 |
| [] 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 |
| [] 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 |
| [] Apply ice pack | Routine, As needed Affected area: to puncture site PRN for pain or swelling, PACU & Post-op |
| [] Encourage fluids | Routine, Until discontinued, Starting S, PACU & Post-op |
| [] 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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| [] 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)

() Discharge patient when criteria met Routine, Once
Discharge Criteria:
Clearing specialty:
Scheduling/ADT

Discontinue tubes/drains

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| [] 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

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

Wound/Incision Care

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| [] Discharge wound care | Routine, Normal, Scheduling/ADT, *** |
| [] Discharge incision care | Routine, Normal, Scheduling/ADT, *** |
| [] Discharge dressing | Routine, Normal, Scheduling/ADT, *** |

Discharge Diet - REQUIRED (Single Response)

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| () Discharge Diet | Routine, Normal, Scheduling/ADT Discharge Diet: |
| () Discharge Diet- Regular | Routine, Normal, Scheduling/ADT Discharge Diet: Regular |

Patient to notify physician

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| [] Call physician for: | Routine, Normal, Scheduling/ADT, Temperature greater than 100.5 |
| [] Call physician for: Persistent nausea or vomiting | Routine, Normal, Scheduling/ADT |
| [] Call physician for: severe uncontrolled pain | Routine, Normal, Scheduling/ADT |

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| <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

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| <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

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| <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

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| <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 |