

BODYIR Post Thoracentesis [1454]

Nursing

Vital Signs

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|---|---|
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Every 15 min For 4 Occurrences
Until chest X-ray review, PACU & Post-op |
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Every 15 min For 2 Occurrences, PACU & Post-op |

Nursing

- | | |
|--|---|
| <input type="checkbox"/> Bed rest | Routine, Until discontinued, Starting S
Bathroom Privileges:
For 30 minutes, PACU & Post-op |
| <input type="checkbox"/> Bed rest with bathroom privileges | Routine, Until discontinued, Starting S
Bathroom Privileges: with bathroom privileges
Until chest X-ray review, then resume prior activity, Post-op |
| <input type="checkbox"/> Nursing communication | Routine, Until discontinued, Starting S
Instruction: ***, Post-op |
| <input type="checkbox"/> Nursing communication | Routine, Until discontinued, Starting S
Instruction: ***, Post-op |

Notify

- | | |
|---|---|
| <input type="checkbox"/> Notify Radiologist | Routine, Until discontinued, Starting S, For worsening shortness of breath or bleeding around site/cath placement., Post-op |
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Imaging

X-Ray

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Chest 1 Vw | Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op |
| <input type="checkbox"/> Chest 2 Vw | Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op |

X-Ray

- | | |
|--|--|
| <input type="checkbox"/> XR Chest 1 Vw | Status: Future, Expires: S+365, Routine, Ancillary Performed, PACU & Post-op |
| <input type="checkbox"/> XR Chest 2 Vw | Status: Future, Expires: S+365, Routine, Ancillary Performed |
| <input type="checkbox"/> XR Chest Inspiration And Expiration | Status: Future, Expires: S+365, Routine, Ancillary Performed |

Return to Floor

Return to Floor (Single Response)

- | | |
|--|---|
| <input type="checkbox"/> OK to return to previous IP bed when chest x-ray reviewed | Routine, Until discontinued, Starting S, PACU |
| <input type="checkbox"/> OK to return to previous IP bed | Routine, Until discontinued, Starting S, PACU |
| <input type="checkbox"/> OK to return to IP bed after 1hr in PACU | Routine, Until discontinued, Starting S, PACU |

Discharge

Discharge Order (Single Response)

- | | |
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| <input type="checkbox"/> Discharge patient when criteria met | Routine, Once
Discharge Criteria:
Clearing specialty:
Scheduling/ADT |
| <input type="checkbox"/> Discharge to home | Routine, Once
Discharge Criteria:
Clearing specialty:
Scheduling/ADT |

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
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<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
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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:
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<input type="checkbox"/> Follow-up with primary care physician	Routine, Normal, Scheduling/ADT
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<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
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<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
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<input type="checkbox"/> Follow-up with department	Details
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