

CVIR Post Tunneled Hemodialysis Catheter Placement [579]

General

Return to Floor

Return to Floor (Single Response)

- | | |
|-------------------------------------------------------------------|-----------------------------------------------|
| <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 |

Nursing

Vital Signs

- | | |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Every 15 min For 4 Occurrences, PACU & Post-op |
| <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 2, then every 4 hours., PACU & Post-op |
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Every 30 min
Every 30 min times 4, then every 1 hour times two, then every 4 hours., PACU & Post-op |

Activity

- | | |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Strict bed rest | Routine, Until discontinued, Starting S For 1 Hours, PACU & Post-op |
| <input type="checkbox"/> Strict bed rest | Routine, Until discontinued, Starting S For 2 Hours
Then resume pre-procedure activity, PACU & Post-op |

Nursing

- | | |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Assess cath site | Routine, As needed
Check catheter exit site for bleeding/hematoma with vital signs., PACU & Post-op |
| <input type="checkbox"/> Ok to use - dialysis access | Routine, Until discontinued, Starting S
Device: Dialysis Access
Enter site and laterality: _**_ , PACU & Post-op |
| <input type="checkbox"/> Head of bed 45 degrees | Routine, Until discontinued, Starting S
Head of bed: 45 degrees
PACU & Post-op |
| <input type="checkbox"/> Bedside glucose | Routine, Once For 1 Occurrences
Upon arrival to AOD/PACU. Notify Radiologist if glucose below 60 or above 200., PACU & Post-op |
| <input type="checkbox"/> Nursing communication | Routine, Until discontinued, Starting S
Instruction: ***, 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 except meds | Diet effective now, Starting S For 1 Hours
NPO: Except meds
Pre-Operative fasting options:
PACU & Post-op |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid: PACU & Post-op
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<input type="checkbox"/> Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed? PACU & Post-op
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Notify

<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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IV Fluids

Medications

Post Procedure Medications

<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 15 min PRN, severe pain (score 7-10), persistent pain, For 2 Doses, PACU & Post-op Hold for respirations LESS than 12 breath/minute. For persistent pain, call interventional MD.
<input type="checkbox"/> ondansetron (ZOFTRAN) IV	4 mg, intravenous, once PRN, nausea, vomiting, PACU & Post-op

VTE

Labs

Cardiology

Diagnostic Imaging

Other Diagnostic Studies

Respiratory

Rehab

Consults

Additional Orders