

Physician Orders ADULT Order Set: Thoracentesis Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies

☐ Medication allergy(s): _____

☐ Latex allergy ☐ Other: _____

Patient Care		
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Thoracentesis, Obtain permit for Thoracentesis from patient or surrogate, place on chart prior to procedure
<input type="checkbox"/>	Nursing Communication	T;N, Observe closely for 1hr after tap, if distress occurs, get VS and SpO2 and call to physician who performed tap
<input type="checkbox"/>	Nursing Communication	T;N, Document nature and amount of fluid obtained if done at bedside
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, Stat, if distress occurs after tap
<input type="checkbox"/>	Request Supply to Bedside (Have at Bedside)	T;N, sterile gloves, Size: _____
<input type="checkbox"/>	Request Supply to Bedside (Have at Bedside)	T;N, Thoracentesis tray
Laboratory		
<input type="checkbox"/>	Cytology Non-Gyn Order	Routine, T;N, Specimen Type, PLEURAL (L) FLD
<input type="checkbox"/>	Cytology Non-Gyn Order	Routine, T;N, Specimen Type, PLEURAL (R) FLD
<input type="checkbox"/>	Cytology Non-Gyn Order	Routine, T;N, Specimen Type: PLEURAL FLUID
<input type="checkbox"/>	Protein Fluid	Routine, T;N, once, Type: Pleural Fluid, Nurse Collect
<input type="checkbox"/>	Glucose Fluid	Routine, T;N, once, Type: Pleural Fluid, Nurse Collect
<input type="checkbox"/>	Body Fluid Profile	Routine, T;N, once, Type: Pleural Fluid, Nurse Collect
<input type="checkbox"/>	Cell Count & Diff Fluid	Routine, T;N, Type: Pleural Fluid, Nurse Collect
<input type="checkbox"/>	Gram Stain	Routine, T;N, Specimen Source: Pleural Fluid Chest, Nurse Collect
<input type="checkbox"/>	Body Fluid Culture and Gram Stain	Routine, T;N, Specimen Source: Fluid Pleura, Nurse Collect
<input type="checkbox"/>	LD Fluid	Routine, T;N, once, Type: Pleural Fluid, Nurse Collect
<input type="checkbox"/>	AFB Culture and Smear	Routine, T;N, Specimen Source: Pleural Fluid Chest, Nurse Collect
<input type="checkbox"/>	Fungus Culture (Culture, Fungus)	Routine, T;N, Specimen Source: Fluid Pleura, Nurse Collect
<input type="checkbox"/>	pH Fluid	Routine, T;N, once, Type: Pleural Fluid, Nurse Collect
<input type="checkbox"/>	Albumin Level	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Protein Total	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	LD (LDH)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Cholesterol Fluid	Routine, T;N, once, Type: Pleural Fluid, Nurse Collect
<input type="checkbox"/>	Rheumatoid Factor	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Hematocrit Fluid	Routine, T;N, once, Type: Pleural Fluid, Nurse Collect
<input type="checkbox"/>	Amylase Fluid	Routine, T;N, once, Type: Pleural Fluid, Nurse Collect
<input type="checkbox"/>	Triglyceride Fluid	Routine, T;N, once, Type: Pleural Fluid, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	US Guide For Ndl Place Bx/Asp/Inj/Loc	T;N, Reason for Exam: Other, Enter in Comments, Routine, Comment: Consult radiologist to perform thoracentesis
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Reason for Exam: Other, Enter in Comments, Routine, Portable, Comment: Post Thoracentesis
Consults/Notifications		
NOTE: Please select order below for MLH South facility ONLY:		
<input type="checkbox"/>	SP APC Dictation Code (Consult IR (Interventional Radiologist))	T;N, Reason for Exam: Other, Enter in Comments, Routine, Comment: Consult radiologist to perform thoracentesis

Date

Time

Physician's Signature

MD Number

