



attach patient label here

Physician Orders ADULT Order Set: RAD Arteriogram (Brachial) Post Procedure Orders

[R] = will be ordered

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

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy		<input type="checkbox"/> Other: _____
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, q30min, For 1 hr, then q1h For 4 hrs, record and monitor P,R,BP, post brachial arteriogram
Activity		
<input type="checkbox"/>	Bedrest w/BRP	T;N, For 6 hour post brachial arteriogram, may elevate HOB 30 - 60 degrees
<input type="checkbox"/>	Bedrest w/BRP	T;N, For 2 hour post brachial arteriogram, may elevate HOB 30 - 60 degrees
<input type="checkbox"/>	Bedrest w/BRP	T;N, For 4 hour post brachial arteriogram, may elevate HOB 30 - 60 degrees
<input type="checkbox"/>	Bedrest w/BRP	T;N, For 8 hour post brachial arteriogram, may elevate HOB 30 - 60 degrees
Food/Nutrition		
<input type="checkbox"/>	Force Fluids	T;N, for 24 hour post brachial arteriogram
Patient Care		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, following brachial arteriogram
<input type="checkbox"/>	Keep Affected Arm Straight	T;N, resting on pillow
<input type="checkbox"/>	No BP or Venipunctures	T;N, in affected arm
<input type="checkbox"/>	Nursing Communication	T;N, Check affected arm for brachial and radial pulse, swelling, bleeding, and discoloration q30min X 2 occurrence, then q1h X 4 occurrence, post brachial arteriogram
<input type="checkbox"/>	Nursing Communication	T;N, Do not allow patient to use affected arm for 6 hours post arteriogram
<input type="checkbox"/>	Nursing Communication	T;N, Do not allow patient to use affected arm for 2 hours post arteriogram
<input type="checkbox"/>	Nursing Communication	T;N, Do not allow patient to use affected arm for 4 hours post arteriogram
<input type="checkbox"/>	Nursing Communication	T;N, Do not allow patient to use affected arm for 8 hours post arteriogram
<input type="checkbox"/>	Dressing Care	T;N, Loosen bandage in 6 hours if no bleeding, post brachial arteriogram. Remove bandage in AM.
<input type="checkbox"/>	Catheterize In/Out (In and Out Cath)	T;N, For 1 occurrence,PRN,if needed to void, post brachial arteriogram
<input type="checkbox"/>	IV Discontinue	T;N, prior to discharge, if Radiology started
<input type="checkbox"/>	Discharge Instructions	T;N, Encourage fluids for 24 hours post brachial arteriogram
<input type="checkbox"/>	Discharge When Meets Criteria	T;N, May discharge when patient meets SDS criteria
Medications		
<input type="checkbox"/>	acetaminophen-HYDROcodone 325-7.5 mg oral tablet	T;N,1 tab,Tab,PO,q4h,PRN Pain, Mild (1-3),Routine,T;N
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Radiology Spec Procedures, of any problems of: bleeding from puncture site, hematoma, swelling, rash, hypertension, loss of peripheral pulses, shortness of breath.

Date _____ Time _____ Physician's Signature _____ MD Number _____

