



Physician Orders ADULT

Order Set: RAD Biopsy 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, q15min, For 1 hr, q30min For 1 hr q1h For 2 hours or until discharge, monitor and record P,R,BP post Biopsy
Activity		
<input type="checkbox"/>	Bedrest	T;N, For 2 hr, post Biopsy
<input type="checkbox"/>	Bedrest	T;N, For 3 hr, post Biopsy
<input type="checkbox"/>	Bedrest	T;N, For 4 hr, post Biopsy
<input type="checkbox"/>	Bedrest	T;N, For 6 hr, post Biopsy
Patient Care		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, post Biopsy
<input type="checkbox"/>	Discharge When Meets Criteria	T;N, May discharge when meets SDS criteria
Medications		
<input type="checkbox"/>	acetaminophen-HYDROcodone 325- 1 tab,Tab,PO,q4h,PRN Pain, Mild (1-3),Routine,T;N 7.5 mg oral tablet	
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Radiology Department, For: Bleeding from puncture site, hematoma, swelling, rash, alteration in vital signs, chest pain, shortness of breath, nausea , vomiting, or increase in procedural related pain

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

