

attach patient label here



**Physician Orders ADULT**  
**Order Set: RAD CT Guided Liver Biopsy Post Procedure**  
**Orders**

[R] = will be ordered

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Vital Signs</b>		
<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 CT Guided Liver Biopsy
<b>Activity</b>		
<input type="checkbox"/>	Bedrest	T;N,For,Bedrest for total of 2 hours post CT Guided Liver Bx. Patient should be positioned on RIGHT side post biopsy
<input type="checkbox"/>	Out Of Bed	T;N+120, With Assistance
<b>Patient Care</b>		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, following CT Guided Liver Biopsy
<input type="checkbox"/>	IV Discontinue	T;N, Prior to discharge, if Radiology started.
<input type="checkbox"/>	Discharge Instructions	T;N, go to ER department if experiencing increased or unexplained right side pain
<b>Medications</b>		
<input type="checkbox"/>	acetaminophen-HYDROcodone 325- 1 tab,Tab,PO,q4h,PRN Pain, Mild (1-3),Routine,T;N 7.5 mg oral tablet	
<b>Consults/Notifications</b>		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: CT 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
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