



Physician Orders ADULT: RAD Uterine Fibroid Embolization Post Proc Plan

Initiate Powerplan Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: RAD Uterine Fibroid Embolization Post Proc Phase, When to Initiate: _____

RAD Uterine Fibroid Embolization Post Proc Phase

Admission/Transfer/Discharge

- ☒ Discharge When Meets Same Day Criteria

Vital Signs

- ☒ Vital Signs
Monitor and Record Blood Pressure Monitor and Record Resp Rate Monitor and Record Pulse, q15min, For 4 occurrence, then q30min X 2 occurrence, post uterine fibroid embolization

Activity

- ☒ Bedrest
- ☐ *For 4 hr, post uterine fibroid embolization, may elevate HOB 30 degrees 1 hr post procedure (DEF)**
 - ☐ *For 2 hr, post uterine fibroid embolization, may elevate HOB 30 degrees 1 hr post procedure*
 - ☐ *For 6 hr, post uterine fibroid embolization, may elevate HOB 30 degrees 1 hr post procedure*
 - ☐ *For 8 hr, post uterine fibroid embolization, may elevate HOB 30 degrees 1 hr post procedure strict, post uterine fibroid embolization procedure*
- ☒ Keep Affected Leg Straight
post procedure, for duration of bedrest

Food/Nutrition

- ☒ Clear Liquid Diet
Start at: T;N
Comments: post uterine fibroid embolization

Patient Care

- ☒ Advance Diet As Tolerated
start with Clear Liquids and advance to regular diet as tolerated
- ☒ Groin Check
Routine, q15min, For 4 occurrence, then q30min X 2 occurrence, Site: affected puncture site(s), post uterine fibroid embolization
- ☒ Discharge Instructions
Wound/Incision Care: loosen bandage 8 hours post procedure. Remove bandage in AM
- ☐ Foley Remove
prior to discharge
- ☒ Void Check
prior to discharge

Medications

- ☐ **+1 Hours** ketorolac
30 mg, Injection, IV Push, N/A, Routine, (for 1 dose)
Comments: Please give 1 hour prior to discharge
- ☐ **+1 Hours** prochlorperazine
5 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting
Comments: Administer first unless systolic blood pressure is less than 90 mmHg.
- ☐ **+1 Hours** ondansetron
4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine
Comments: If not relieved by prochlorperazine or if systolic blood pressure is less than 90 mm Hg.
- ☐ **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine
Comments: When tolerating clear liquid diet.





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- ☐ **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
Comments: When tolerating clear liquid diet.
- ☐ **+1 Hours** HYDROmorphine
1 mg, Injection, IV Push, q6h, PRN Pain, Severe (8-10), Routine, (for 2 dose)
Choose only ONE morPHINE order below:(NOTE)*
- ☐ **+1 Hours** morphine
2 mg, Injection, IV Push, q2h, PRN Pain, Moderate (4-7), Routine, (for 2 dose)
- ☐ **+1 Hours** morphine
4 mg, Injection, IV Push, q2h, PRN Pain, Moderate (4-7), Routine, (for 2 dose)

Consults/Notifications/Referrals

- ☐ Notify Physician-Continuing
Notify: Rad Special Proc Dept., Notify 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

***Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

