



**Physician Orders ADULT: RAD Venous Angiogram Post Procedure Plan**

**Initiate Orders Phase**

**Care Sets/Protocols/PowerPlans**

- ☒ Initiate Powerplan Phase

*Phase: RAD Venous Angiogram Post Procedure Phase, When to Initiate: \_\_\_\_\_*

**RAD Venous Angiogram Post Procedure Phase**

**Admission/Transfer/Discharge**

- ☐ Discharge When Meets Same Day Criteria

**Vital Signs**

- ☒ Vital Signs

*q15min, For 4 occurrence, then q30min for 2 occurrences, then q1h For 4 hrs, monitor and record P,R,BP post venous angiogram*

**Activity**

- ☒ Bedrest

*For 4 hr, post venous angiogram, may elevate HOB 30 - 60 degrees*

- ☐ Bedrest

*For 2 hr, post venous angiogram, may elevate HOB 30 - 60 degrees*

- ☐ Bedrest

*For 6 hr, post venous angiogram, may elevate HOB 30 - 60 degrees*

- ☐ Bedrest

*For 8 hr, post venous angiogram, may elevate HOB 30 - 60 degrees*

- ☒ Keep Affected Leg Straight

*post venous angiogram*

**Food/Nutrition**

- ☒ Advance Diet As Tolerated

*following venous angiogram*

**Patient Care**

- ☒ Force Fluids

*For 24 hr, post venous angiogram*

- ☐ Check Groin

*q30min, For 2 occurrence, check Right groin q30min X 2 occurrence, then q1h X 4 occurrence, post venous angiogram*

- ☐ Check Groin

*q30min, For 2 occurrence, check Left groin q30min X 2 occurrence, then q1h X 4 occurrence, post venous angiogram*

- ☒ Dressing Care

*T;N, Loosen bandage in 8 hours if no bleeding, post venous angiogram; Remove bandage in AM*

- ☒ In and Out Cath

*For 1 occurrence, PRN, if needed, post venous angiogram*

- ☒ IV Discontinue

*prior to discharge, if IV started in Radiology for Radiology procedure*





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☐ Discharge Instructions

*T;N, Other Instructions: Encourage fluids for 24 hours post venous angiogram*

**Medications**

☐ acetaminophen

*650 mg, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine*

*Comments: Maximum dose of 4g/day from all sources.*

☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-7.5 mg oral tablet

*1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine*

**Consults/Notifications/Referrals**

☒ Notify Physician-Continuing

*Notify: Radiology Special Procedure Dept, if bleeding, swelling, shortness of breath, chest 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

