



Physician Orders ADULT

Title: RAD Chemoembolization Post Procedure Plan

[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: _____
Uncategorized		
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: RAD Chemoembolization Post Procedure Phase When to Initiate: _____
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N,q 30 min,For 1 hr,q 1 hr For 2 hrs then routine until discharge
Activity		
<input type="checkbox"/>	Bedrest	T;N, For 6 hr, post chemoembolization, may elevate HOB less than 30 degrees, 1 hour post chemoembolization
<input type="checkbox"/>	Bedrest	T;N, For 2 hr, post chemoembolization, may elevate HOB less than 30 degrees, 1 hour post chemoembolization
<input type="checkbox"/>	Bedrest	T;N, For 4 hr, post embolization, may elevate HOB less than 30 degrees, 1 hour post chemoembolization
<input type="checkbox"/>	Bedrest	T;N, For 8 hr, post chemoembolization, may elevate HOB less than 30 degrees, 1 hour post chemoembolization
Food/Nutrition		
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<input type="checkbox"/>	Sodium Control Diet	Start at: T;N, Level: 2gm, Adult (> 18years)
<input type="checkbox"/>	1800 Calorie ADA Diet	
Patient Care		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, Start with clear liquid diet then advance as tolerated
<input type="checkbox"/>	Pedal Pulses Check	T;N, check all peripheral pulses
<input type="checkbox"/>	Dressing Care	T;N, Routine, Comment: Loosen bandage in 8 hours if no bleeding, Remove bandage in AM
Nursing Communication		
<input type="checkbox"/>	Nursing Communication	T;N, Deflate Safeguard 2 hours post procedure
Medications		
<input type="checkbox"/>	VTE Prophylaxis (MEDICAL) Plan	Print and Complete Separate Sheet (Form # 22225)
<input type="checkbox"/>	morPHINE	2 mg,Injection,IV Push,q2h,PRN Pain, Severe (8-10),Routine,T;N
<input type="checkbox"/>	acetaminophen-HYDROcodone 325 mg- 7.5 mg oral tablet	2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, May start with 1 tablet
<input type="checkbox"/>	ondansetron	8 mg,Injection,IV Push,q4h,PRN Nausea,Routine,T;N
<input type="checkbox"/>	Laxative of Choice Orders Plan	
<input type="checkbox"/>	diphenhydrAMINE	25 mg,Cap,PO,q4h,PRN Itching,Routine,T;N
<input type="checkbox"/>	metroNIDAZOLE	500 mg,IV Piggyback,IV Piggyback,q8h,Routine,T;N,(2 occurrence)
<input type="checkbox"/>	famotidine	20 mg,Tab,PO,q12h,Routine,T;N
<input type="checkbox"/>	ceFAZolin	1 g, IV Piggyback, IV Piggyback, q8h, Routine, (3 dose)
If patient allergic to cefazolin order vancomycin below:		
<input type="checkbox"/>	vancomycin	1 g, IV Piggyback, IV Piggyback, q12h, Routine, (2 dose)



attach patient label here



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Laboratory		
<input type="checkbox"/>	CBC w/o Diff	Routine, T;N, qam x 2 day, Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	Routine, T;N, qam x 2 day, Blood
Diagnostic Tests		
<input type="checkbox"/>	CT Abdomen Triple Phase	T+1; 0800, Routine, Stretcher, Post Chemoembolization
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Rad Special Proc Dept., if 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