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:
[ ] No known allergies
[ ] Medication allergy(s): __________________________________________
[ ] Latex allergy       [ ] Other: ______________________________________________________________________

Uncategorized
[ ] Initiate Powerplan Phase  T;N, Phase: RAD Chemoembolization Post Procedure Phase
When to Initiate:

Vital Signs
[ ] Vital Signs  T;N, q 30 min, For 1 hr, q 1 hr For 2 hrs then routine until discharge

Activity
[ ] Bedrest  T;N, For 6 hr, post chemoembolization, may elevate HOB less than 30 degrees, 1 hour post chemoembolization
[ ] Bedrest  T;N, For 2 hr, post chemoembolization, may elevate HOB less than 30 degrees, 1 hour post chemoembolization
[ ] Bedrest  T;N, For 4 hr, post embolization, may elevate HOB less than 30 degrees, 1 hour post chemoembolization
[ ] Bedrest  T;N, For 8 hr, post chemoembolization, may elevate HOB less than 30 degrees, 1 hour post chemoembolization

Food/Nutrition
[ ] Clear Liquid Diet  Start at: T;N
[ ] Sodium Control Diet  Start at: T;N, Level: 2gm, Adult (> 18years)
[ ] 1800 Calorie ADA Diet

Patient Care
[ ] Advance Diet As Tolerated  T;N, Start with clear liquid diet then advance as tolerated
[ ] Pedal Pulses Check  T;N, check all peripheral pulses
[ ] Dressing Care  T;N, Routine, Comment: Loosen bandage in 8 hours if no bleeding, Remove bandage in AM

Nursing Communication
[ ] Nursing Communication  T;N, Deflate Safeguard 2 hours post procedure

Medications
[ ] VTE Prophylaxis (MEDICAL) Plan  Print and Complete Separate Sheet (Form # 22225)

[ ] morPHINE  2 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine, T;N
[ ] 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
[ ] ondansetron  8 mg, Injection, IV Push, q4h, PRN Nausea, Routine, T;N

[ ] Laxative of Choice Orders Plan
[ ] diphenhydrateMINE  25 mg, Cap, PO, q4h, PRN Itching, Routine, T;N
[ ] metroNIDAZOOLE  500 mg, IV Piggyback, IV Piggyback, q8h, Routine, T;N, (2 occurrence)
[ ] famotidine  20 mg, Tab, PO, q12h, Routine, T;N
[ ] ceFAZolin  1 g, IV Piggyback, IV Piggyback, q8h, Routine, (3 dose)

If patient allergic to cefazolin order vancomycin below:
[ ] vancomycin  1 g, IV Piggyback, IV Piggyback, q12h, Routine, (2 dose)
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<table>
<thead>
<tr>
<th>Laboratory</th>
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<tbody>
<tr>
<td>[ ] CBC w/o Diff</td>
</tr>
<tr>
<td>Routine, T;N, qam x 2 day, Blood</td>
</tr>
<tr>
<td>[ ] Comprehensive Metabolic Panel (CMP)</td>
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<td>Routine, T;N, qam x 2 day, Blood</td>
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<tr>
<th>Diagnostic Tests</th>
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<tbody>
<tr>
<td>[ ] CT Abdomen Triple Phase</td>
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<tr>
<td>T+1; 0800, Routine, Stretcher, Post Chemoembolization</td>
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<th>Consults/Notifications</th>
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<tbody>
<tr>
<td>[ ] Notify Physician-Continuing</td>
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<tr>
<td>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.</td>
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</tbody>
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<tr>
<th>Date</th>
<th>Time</th>
<th>Physician's Signature</th>
<th>MD Number</th>
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