



attach patient label here

## Physician Orders ADULT

### Order Set: RAD US Thoracentesis/Paracentesis/Thyroid Bx PostProc 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, q30min, For 1 hr , then q1h For 2 hrs or until discharge.
<b>Activity</b>		
<input type="checkbox"/>	Bedrest	T;N, For 3 hr, post US Thoracentesis or US Paracentesis or US Thyroid Bx
<input type="checkbox"/>	Bedrest	T;N, For 2 hr, post US Thoracentesis or US Paracentesis or US Thyroid Bx
<input type="checkbox"/>	Bedrest	T;N, For 4 hr, post US Thoracentesis or US Paracentesis or US Thyroid Bx
<input type="checkbox"/>	Bedrest	T;N, For 6 hr, post US Thoracentesis or US Paracentesis or US Thyroid Bx
<input type="checkbox"/>	Bedrest w/BRP	T;N, with BRP
<input type="checkbox"/>	Out Of Bed (Activity As Tolerated)	T;N
<b>Patient Care</b>		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, post US Thoracentesis or US Paracentesis or US Thyroid Bx
<input type="checkbox"/>	IV Discontinue	T;N, Prior to discharge, if Radiology started
<input type="checkbox"/>	Discharge When Meets Criteria	T;N, May discharge when meets SDS criteria.
<input type="checkbox"/>	Discharge When Meets Criteria	T;N, May discharge when meets SDS criteria. Special Instructions: Post US Thoracentesis may discharge if vital signs are normal and no presence of pneumothorax or increasing pneumothorax on follow up CXR
<input type="checkbox"/>	Nursing Communication	T;N Assess puncture site q 30 min for 1 hr, then q 1 hr for 2 hrs, then q 2hrs for 4 hrs post procedure
<b>Medications</b>		
<input type="checkbox"/>	acetaminophen-HYDROcodone 325- 7.5 mg oral tablet	T;N, 1 tab,Tab,PO,q4h,PRN Pain, Mild (1-3),Routine,T;N
<b>Diagnostic Tests</b>		
<input type="checkbox"/>	Chest 1VW Frontal	T;N,Reason for Exam: Post US Thoracentesis,Stat, Portable, Comment :AP, upright, expiratory
<input type="checkbox"/>	Chest 1VW Frontal	T;N+180,Reason for Exam: Post US Thoracentesis,Routine,Portable, Comment: AP, upright, expiratory
<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 \_\_\_\_\_

