### 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)

<table>
<thead>
<tr>
<th>Height: ___________ cm</th>
<th>Weight: __________ kg</th>
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**Allergies:**
- [ ] No known allergies
- [ ] Medication allergy(s):
- [ ] Latex allergy
- [ ] Other:

**Vital Signs**
- [ ] Vital Signs  
  T;N, q30min, For 1 hr , then q1h For 2 hrs or until discharge.

**Activity**
- [ ] Bedrest  
  T;N, For 3 hr, post US Thoracentesis or US Paracentesis or US Thyroid Bx
- [ ] Bedrest  
  T;N, For 2 hr, post US Thoracentesis or US Paracentesis or US Thyroid Bx
- [ ] Bedrest  
  T;N, For 4 hr, post US Thoracentesis or US Paracentesis or US Thyroid Bx
- [ ] Bedrest  
  T;N, For 6 hr, post US Thoracentesis or US Paracentesis or US Thyroid Bx
- [ ] Bedrest w/BRP  
  T;N, with BRP
- [ ] Out Of Bed (Activity As Tolerated)  
  T;N

**Patient Care**
- [ ] Advance Diet As Tolerated  
  T;N, post US Thoracentesis or US Paracentesis or US Thyroid Bx
- [ ] IV Discontinue  
  T;N, Prior to discharge, if Radiology started
- [ ] 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
- [ ] 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

**Medications**
- [ ] acetaminophen-HYDROcodone 325-7.5 mg oral tablet  
  T;N, 1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine; T;N

**Diagnostic Tests**
- [ ] Chest 1VW Frontal  
  T;N, Reason for Exam: Post US Thoracentesis, Stat, Portable, Comment: AP, upright, expiratory
- [ ] Chest 1VW Frontal  
  T;N+180, Reason for Exam: Post US Thoracentesis, Routine, Portable, Comment: AP, upright, expiratory

**Consults/Notifications**
- [ ] 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

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<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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