



Physician Orders ADULT: RAD Arteriogram (Femoral) Post Procedure Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: RAD Arteriogram (Femoral) Post Procedure Phase, When to Initiate: _____

RAD Arteriogram(Femoral)Post Procedure

Admission/Transfer/Discharge

- Discharge When Meets Same Day Criteria

Vital Signs

- Vital Signs
q15min, For 4 occurrence, then q30min for 2 occurrence, then q1h for 4hours, record and monitor P,R,BP, post femoral arteriogram

Activity

- Bedrest
for 6 hour post femoral arteriogram, may elevate HOB <30 degrees
- Bedrest
for 2 hour post femoral arteriogram, may elevate HOB <30 degrees
- Bedrest
for 4 hour post femoral arteriogram, may elevate HOB <30 degrees
- Bedrest
for 8 hour post femoral arteriogram, may elevate HOB <30 degrees
- Keep Affected Leg Straight
post femoral arteriogram

Food/Nutrition

- Advance Diet As Tolerated
following femoral arteriogram

Patient Care

- Force Fluids
for 24 hours post femoral arteriogram
- IV Discontinue
prior to discharge, if Radiology started
- Check Pedal Pulses
check all peripheral pulses
- Check Groin
q30min, For 1 hr, then q1hr for 4 hrs, Right, post femoral arteriogram
- Check Groin
q30min, For 1 hr, then q1hr for 4hrs, Left, post femoral arteriogram
- Dressing Care
Routine, Loosen bandage in 8 hours if no bleeding. Remove bandage in AM.
- In and Out Cath
Routine, once, PRN if needed to void post femoral arteriogram





Physician Orders ADULT: RAD Arteriogram (Femoral) Post Procedure Plan

- Discharge Instructions
Encourage fluids for 24 hours post femoral arteriogram

Nursing Communication

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

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: Rad Spec Procedures Dept, Notify For: 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
------	------	-----------------------	-----------

***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

