

attach patient label here



**Physician Orders ADULT**  
**Order Set: RAD CT Guided Lung Biopsy Post**  
**Procedure Orders**

[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: \_\_\_\_\_

**Vital Signs**

Vital Signs T;N, q15min, For 1 hr, q30min For 1 hr then q1h For 2 hours or until discharge, monitor and record P,R,BP post CT Guided Lung Biopsy

**Activity**

Bedrest w/BRP T;N, post CT Guided Lung Biopsy

**Patient Care**

Advance Diet As Tolerated T;N, following CT Guided Lung Biopsy

IV Discontinue T;N, Prior to discharge, if Radiology started.

Discharge When Meets Criteria T;N, May discharge when meets SDS Criteria AND vital signs are normal and no presence of pneumonia

**Diagnostic Tests**

Chest 1VW Frontal T;N+180,Reason for Exam: Other, Other reason: Post Lung Biopsy,Stat,Portable, Comment: expiratory, upright if possible

Chest 1VW Frontal T;N,Reason for Exam: Other, Other reason: Post Lung Biopsy,Stat,Portable, Comment: expiratory, upright if possible

**Medications**

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

**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

\_\_\_\_\_  
**Date**                      **Time**                      **Physician's Signature**                      **MD Number**

