### Physician Orders ADULT

**Order Set: RAD 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

<table>
<thead>
<tr>
<th>Vital Signs</th>
<th>T;N, q15min, For 1 hr, q30min For 1 hr q1h For 2 hours or until discharge, monitor and record P,R,BP post Biopsy</th>
</tr>
</thead>
</table>

### Activity

- [  ] Bedrest T;N, For 2 hr, post Biopsy
- [  ] Bedrest T;N, For 3 hr, post Biopsy
- [  ] Bedrest T;N, For 4 hr, post Biopsy
- [  ] Bedrest T;N, For 6 hr, post Biopsy

### Patient Care

- [  ] Advance Diet As Tolerated T;N, post Biopsy
- [  ] Discharge When Meets Criteria T;N, May discharge when meets SDS criteria

### Medications

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

### Consults/Notifications

- [  ] Notify Physician-Continuing T;N, Notify: 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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**Date**  
**Time**  
**Physician’s Signature**  
**MD Number**