Physician Orders ADULT: RAD Venous Angiogram Post Procedure Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase
  - Phase: RAD Venous Angiogram Post Procedure Phase, When to Initiate: ____________________

RAD Venous Angiogram Post Procedure Phase

Admission/Transfer/Discharge
- Discharge When Meets Same Day Criteria

Vital Signs
- Vital Signs
  - q15min, For 4 occurrence, then q30min for 2 occurrences, then q1h For 4 hrs, monitor and record P,R,BP post venous angiogram

Activity
- Bedrest
  - For 4 hr, post venous angiogram, may elevate HOB 30 - 60 degrees
- Bedrest
  - For 2 hr, post venous angiogram, may elevate HOB 30 - 60 degrees
- Bedrest
  - For 6 hr, post venous angiogram, may elevate HOB 30 - 60 degrees
- Bedrest
  - For 8 hr, post venous angiogram, may elevate HOB 30 - 60 degrees
- Keep Affected Leg Straight
  - post venous angiogram

Food/Nutrition
- Advance Diet As Tolerated
  - following venous angiogram

Patient Care
- Force Fluids
  - For 24 hr, post venous angiogram
- Check Groin
  - q30min, For 2 occurrence, check Right groin q30min X 2 occurrence, then q1h X 4 occurrence, post venous angiogram
- Check Groin
  - q30min, For 2 occurrence, check Left groin q30min X 2 occurrence, then q1h X 4 occurrence, post venous angiogram
- Dressing Care
  - T;N, Loosen bandage in 8 hours if no bleeding, post venous angiogram; Remove bandage in AM
- In and Out Cath
  - For 1 occurrence, PRN, if needed, post venous angiogram
- IV Discontinue
  - prior to discharge, if IV started in Radiology for Radiology procedure
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☐ Discharge Instructions
   T;N, Other Instructions: Encourage fluids for 24 hours post venous angiogram

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: Radiology Special Procedure Dept, if bleeding, swelling, shortness of breath, chest pain

__________________   _________________   ______________________________________  ________
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