



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
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***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

