**Physician Orders ADULT**

**Order Set: RAD IR Transjugular BX Post Proc 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:  
Primary Diagnosis:  
Secondary Diagnosis: |

**Vital Signs**  
Vital Signs: T;N, Monitor and Record Pulse | Resp Rate | Blood Pressure, q15min, For 1 hr, then q30min For 1 hr, then q1h For 4 hrs, then routine post Transjugular Bx

**Activity**  
Bedrest: T;N, For 4 hr, with HOB > 30 degrees, post Transjugular Bx

**Food/Nutrition**  
Clear Liquid Diet: Start at: T;N, Comment: post Transjugular Bx

**Patient Care**  
Advance Diet As Tolerated: T;N, post Transjugular Bx  
Discharge When Meets Criteria: T;N, may discharge post Transjugular Bx when meets SDS criteria.  
IV Discontinue: T;N, Prior to discharge, if Radiology started

**Consults/Notifications**  
Notify Physician-Continuing: T;N, Notify: Rad Special Proc Dept., if bleeding, swelling, difficulty swallowing, shortness of breath, chest pain

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Date:  
Time  
Physician's Signature  
MD Number