



Physician Orders ADULT

attach patient label here

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

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Vital Signs</b>		
<input type="checkbox"/>	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
<b>Activity</b>		
<input type="checkbox"/>	Bedrest	T;N, For 4 hr, with HOB > 30 degrees, post Transjugular Bx
<b>Food/Nutrition</b>		
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N, Comment: post Transjugular Bx
<b>Patient Care</b>		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, post Transjugular Bx
<input type="checkbox"/>	Discharge When Meets Criteria	T;N, may discharge post Transjugular Bx when meets SDS criteria.
<input type="checkbox"/>	IV Discontinue	T;N, Prior to discharge, if Radiology started
<b>Consults/Notifications</b>		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Rad Special Proc Dept., if bleeding, swelling, difficulty swallowing, shortness of breath, chest pain

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

