Physician Orders ADULT: RAD Uterine Fibroid Embolization Post Proc Plan

Initiate Powerplan Phase
Care Sets/Protocols/PowerPlans
☒ Initiate Powerplan Phase

Phase: RAD Uterine Fibroid Embolization Post Proc Phase, When to Initiate:__________________

RAD Uterine Fibroid Embolization Post Proc Phase
Admission/Transfer/Discharge
☒ Discharge When Meets Same Day Criteria

Vital Signs
☒ Vital Signs

Monitor and Record Blood Pressure Monitor and Record Resp Rate Monitor and Record Pulse,
q15min, For 4 occurrence, then q30min X 2 occurrence, post uterine fibroid embolization

Activity
☒ Bedrest

☐ For 4 hr, post uterine fibroid embolization, may elevate HOB 30 degrees 1 hr post procedure
(DEF)*
☐ For 2 hr, post uterine fibroid embolization, may elevate HOB 30 degrees 1 hr post procedure
☐ For 6 hr, post uterine fibroid embolization, may elevate HOB 30 degrees 1 hr post procedure
☐ For 8 hr, post uterine fibroid embolization, may elevate HOB 30 degrees 1 hr post procedure
strict, post uterine fibroid embolization procedure

☒ Keep Affected Leg Straight
post procedure, for duration of bedrest

Food/Nutrition
☒ Clear Liquid Diet

Start at: T;N

Comments: post uterine fibroid embolization

Patient Care
☒ Advance Diet As Tolerated

start with Clear Liquids and advance to regular diet as tolerated

☒ Groin Check

Routine, q15min, For 4 occurrence, then q30min X 2 occurrence, Site: affected puncture site(s), post
uterine fibroid embolization

☒ Discharge Instructions

Wound/Incision Care: loosen bandage 8 hours post procedure. Remove bandage in AM

☐ Foley Remove

prior to discharge

☐ Void Check

prior to discharge

Medications
☐ +1 Hours ketorolac

30 mg, Injection, IV Push, N/A, Routine, (for 1 dose )
Comments: Please give 1 hour prior to discharge

☐ +1 Hours prochlorperazine

5 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting
Comments: Administer first unless systolic blood pressure is less than 90 mmHg.

☐ +1 Hours ondansetron

4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine
Comments: If not relieved by prochlorperazine or if systolic blood pressure is less than 90
mm Hg.

☐ +1 Hours acetaminophen-oxyCODONE 325 mg-5 mg oral tablet

1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine
Comments: When tolerating clear liquid diet.
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☐ +1 Hours acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
   2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
   Comments: When tolerating clear liquid diet.

☐ +1 Hours HYDROmorphine
   1 mg, Injection, IV Push, q6h, PRN Pain, Severe (8-10), Routine, (for 2 dose)
   Choose only ONE morPHINE order below:(NOTE)*

☐ +1 Hours morphine
   2 mg, Injection, IV Push, q2h, PRN Pain, Moderate (4-7), Routine, (for 2 dose)

☐ +1 Hours morphine
   4 mg, Injection, IV Push, q2h, PRN Pain, Moderate (4-7), Routine, (for 2 dose)

Consults/Notifications/Referrals
☐ Notify Physician-Continuing
   Notify: Rad Special Proc Dept., Notify 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.

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