Physician Orders PEDIATRIC: LEB IR Angiogram Post Procedure Plan

Initiate Orders Phase
Non Categorized

☑️ Initiate Powerplan Phase
  Phase: LEB IR Angiogram Post Proc Phase, When to Initiate: ____________________________

LEB IR Angiogram Post Procedure Phase

Admission/Transfer/Discharge
☐ Return Patient to Room
☐ Transfer Pt within current facility
☐ Notify Physician-Once
  Notify For: of room number on arrival to unit

Vital Signs
☑️ Neurochecks and VS
  Monitor and Record T,P,R,BP, and affected extremity pulses q15min x 4 occurrences, then q30min x 2 occurrences, then routine per unit

☐ Neurochecks and VS
  Monitor and Record T,P,R,BP, and affected extremity pulses q15min x 4 occurrences, then q30min x 4 occurrences, then q1h x 3h, then routine per unit

Activity
☐ Bedrest
  ☑️ Strict, supine with straight legs x 2 hours, then may get up with assistance (DEF)*
  ☑️ Strict, supine with straight legs x 6 hours, then may get up with assistance

☐ Activity As Tolerated
  Up Ad Lib, begin once strict bedrest complete

☐ Bedrest w/BRP
  begin once strict bedrest complete

Food/Nutrition
☐ NPO
☐ Clear Liquid Diet
  Start at: T;N

Patient Care
☐ Advance Diet As Tolerated
  Start clear liquids and advance to regular diet as tolerated.

☐ Observe For
  signs/symptoms of bleeding/hematoma from puncture site

☐ Monitor Pulses
  q2h(std)

☐ Measure Circumference

☐ Cardiopulmonary Monitor
  Routine, Monitor Type: CP Monitor

☐ DC CP Monitor
  When ALL Criteria met: No NG-Tube, No PCA, No Chest Tube, No Sepsis Alert notified, PEWS of 0 and 24 hour post op.

☐ O2 Sat Monitoring NSG

Respiratory Care
☐ Oxygen Delivery
  Special Instructions: Titrate to keep O2 sat greater than or equal to 92%. Wean to room air

Medications
☐ +1 Hours acetaminophen
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- 10 mg/kg, Liq, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
- 80 mg, Chew tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
- 325 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day

+1 Hours acetaminophen
- 10 mg/kg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
  Comments: May take if unable to take PO acetaminophen

+1 Hours ondansetron
- 0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8mg (DEF)*
  Comments: Max dose = 8 mg
- 4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine
  Comments: Max dose = 4 mg

Laboratory
- Hematocrit & Hemoglobin
  STAT, T:N, once, Type: Blood
- +360 Minutes Hematocrit & Hemoglobin
  Time Study, q6h x 24 hr, Type: Blood

Consults/Notifications/Referrals
- Notify Resident-Continuing
  Notify: Interventional Radiology Resident, Notify For: of HCT less than __________
- Notify Resident-Continuing
  Notify: Interventional Radiology Resident, Notify For: of abdominal girth increase of __________

_________________________  ___________________  ___________________  ___________________
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