attach patient label here

Methodist Le Bonheur Healthcare

Physician Orders ADULT

Order Set:RAD Liver RFA 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:_____	
Vital Signs	
[ ] Vital Signs	T;N,, q30min, For 1 hr, then q1h For 2 hrs, then q2h For 4hrs post Liver Ablation
Activity	
[ ] Bedrest	T;N, For 4 hr, post Liver RFA
Food/Nutrition	
[ ] Clear Liquid Diet	Start at: T;N
[ ] **1800 Calorie ADA Diet**	Start at: T;N
Patient Care	
[ ] Advance Diet As Tolerated	T;N
[ ] Pedal Pulses Check	T;N, check all peripheral pulses
[ ] Nursing Communication	T;N Assess puncture site q 30 min for 1 hr, then q 1 hr for 2 hrs, then q 2hrs for 4 hrs post Liver Ablation
Medications	
[ ] acetaminophen-HYDROcodone 325/7.5 mg oral tablet	1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, T;N
[ ] morPHINE	2 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine, T; N
[ ] ondansetron	4 mg, Injection, IV Push, q4h, PRN Nausea, Routine, T;N
[ ] diphenhydrAMINE	25 mg, Injection, IV Push, q4h, PRN Itching, Routine, T;N
[ ] famotidine	20 mg, Tab, PO, q12h, Routine, T;N
[ ] ceFAZolin	1 g, IV Piggyback, IV Piggyback, q8h, Routine, (3 dose), T;N
If patient is allergic to ceFAZolin order vancomycin below:	
[ ] vancomycin	1 g, IV Piggyback, q12h, Routine, (2 dose), T;N
Laboratory	
[ ] CBC w/o Diff	Routine, T+1;0400, once, Blood
[ ] Comprehensive Metabolic Panel (CMP)	Routine, T+1;0400, once, Blood
Diagnostic Tests	
[ ] CT Abdomen Trible Phase Order	T+1; 0800, Reason for Exam: Other, Enter in Comments, Routine Post Liver Ablation
Consults/Notifications	
[ ] Notify Physician-Continuing	T;N, Notify: Radiology Special Proc Dept, any problems of bleeding from puncture site, hematoma,swelling,rash,hypertension,loss of peripheral pulses,shortness of breath.

Date	**Time**	**Physician's Signature**	**MD Number**