



Physician Orders ADULT: Neuro Arteriogram Post Procedure Plan

Neuro Arteriogram Post Procedure Plan

Vital Signs

- ☒ Vital Signs w/Neuro Checks
 - ☐ Monitor and Record Resp Rate Monitor and Record Blood Pressure Monitor and Record Pulse, q15min x 4, then q30 min x 2, then q1h x 4, then q4h (DEF)*
 - ☐ Monitor and Record Resp Rate Monitor and Record Blood Pressure Monitor and Record Pulse, q15min x 4, then q30min x 2, then q1h x 4, then as previously ordered

Activity

- ☒ Bedrest
 - ☐ For 6 hr (DEF)*
 - ☐ For 2 hr
 - ☐ For 4 hr
- ☒ Keep Affected Leg Straight
 - for duration of bedrest

Food/Nutrition

- ☐ NPO
 - Instructions: NPO except for medications

Patient Care

- ☐ Advance Diet As Tolerated
- ☐ Force Fluids
- ☒ Elevate Head Of Bed
 - Less than 30 degrees at all times
- ☐ Sheath Site Monitoring
 - Right Femoral artery sheath-transduce to arterial line
- ☐ Sheath Site Monitoring
 - Left Femoral artery sheath-transduce to arterial line
- ☐ Sheath Remove
 - Special Instructions: May discontinue right/left femoral sheath
- ☒ Pedal Pulses Check
 - q1h monitor and record while sheath present or for 6 hours post procedure then q2h
- ☐ Groin Check
 - Routine, q15 min x 4, then q30min x 2, then q1h x 4 RIGHT post femoral arteriogram
- ☐ Groin Check
 - Routine, q15min x 4, then q30min x 2, then q1h x 4, LEFT post femoral arteriogram
- ☐ Groin Check
 - Routine, q1h(std), while sheath present

Consults/Notifications/Referrals

- ☒ Notify Resident-Continuing
 - Notify: Neurosurgery resident, Notify For: any changes in pedal pulses, excessive bleeding from site,





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or hematoma formation

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

