



**Physician Orders PEDIATRIC: LEB IR Drainage Post Procedure Plan**

**Initiate Orders Phase**

**Non Categorized**

- Initiate Powerplan Phase  
*Phase: LEB IR Drainage Post Proc Phase, When to Initiate: \_\_\_\_\_*

**LEB IR Drainage 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**

- Vital Signs  
*Monitor and Record T,P,R,BP, q15min x 4 occurrences, then q30min x 2 occurrences, then routine*

**Activity**

- Up  
*With Assistance*
- Bedrest

**Food/Nutrition**

- NPO
- Clear Liquid Diet

**Patient Care**

- Advance Diet As Tolerated  
*Start clear liquids and advance to regular diet as tolerated.*
- Irrigate  
*Irrigant: normal saline, Irrigation Volume: 10mL, q-shift, A. Inject 10mL normal saline, B. Aspirate until dry, C. Repeat A & B x 2, D. Reconnect to drainage.*
- Nephrostomy Tube Care  
*Suction Strength: To Gravity, into drainage bag*
- Drain Care  
*biliary catheter to drainage via gravity into drainage bag*
- Dressing Care  
*Action: Do Not Change, \_\_\_site dressing unless wet or soiled*
- Chest Tube Care  
*q-shift, Action: Tube to Suction, to water seal*
- Chest Tube Care  
*Action: Tube to Suction, drainage into pleurovac*
- Intake and Output  
*Routine, q2h(std)*

**Medications**

- +1 Hours** Sodium Chloride 0.9% Flush  
*10 mL, Injection, N/A, q-shift, Routine, flush \_\_\_\_\_ catheter*
- +1 Hours** Sodium Chloride 0.9% Flush  
*10 mL, Injection, N/A, prn, PRN Other, specify in Comment, Routine*  
*Comments: flush Gastrostomy/Gastro-Jejunal tube with 10mL NS after each use*

**Laboratory**

- Body Fluid Culture and Gram Stain  
*Routine, T;N, once, Nurse Collect, Method: Aspirate*

**Consults/Notifications/Referrals**

- Notify Resident-Continuing  
*Notify: Interventional Radiology Resident, Notify For: If catheter is pulled out., If catheter is pulled out cover with sterile dressing and inform Radiology resident.*





**Physician Orders PEDIATRIC: LEB IR Drainage Post Procedure Plan**

- Notify Resident-Continuing  
*Notify: Interventional Radiology Resident, Notify For: If catheter drainage stops or for any problems.*

|      |      |                       |           |
|------|------|-----------------------|-----------|
| 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

