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, pm, 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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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</table>

*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