attach patient label here

Methodist Le Bonheur Healthcare

Physician Orders ADULT

Order Set: RAD CT Guided Renal Core Biopsy Post Procedure 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, q15min, For 1 hr, q30min For 1 hr, q1h For 2 hours or until discharge, monitor and record P,R,BP post CT Guided Renal Core Biopsy
Activity	
[ ] Bedrest	T;N, For 3 hr, post CT Guided Renal Core Biopsy. Patient should be positioned on affected flank.
Patient Care	
[ ] Advance Diet As Tolerated	T;N, following CT Guided Renal Core Biopsy
[ ] IV Discontinue	T;N, Prior to discharge, if Radiology started
[ ] Discharge When Meets Criteria	T;N, May discharge when meets SDS criteria
[ ] Discharge Instructions	T;N, Patient should go to the Emergency Department if experiencing increased or unexplained pain on affected side
Medications	
[ ] acetaminophen-HYDROcodone 325-7.5 mg oral tablet	1 tab,Tab,PO,q4h,PRN Pain, Mild (1-3),Routine,T;N
Consults/Notifications	
[ ] Notify Physician-Continuing	T;N, Notify: CT Radiology Department, For: Bleeding from puncture site, hematoma, swelling, rash, alteration in vital signs, chest pain, shortness of breath, nausea , vomiting, or increase in procedural related pain

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