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 __________________