Physician Orders ADULT
Order Set: RAD Neuro Stent-Aneurysm Embolization
Post Proc Orders

[ ] Vital Signs w/Neuro Checks
T;N, Monitor and Record T,P,R,BP, q15m, For 1 hr then q1h, For 4 hrs then per Neuro ICU protocol.

[ ] Bedrest
T;N, For 6 hr, post Neuroform Stent/Aneurysm Embolization

[ ] Bedrest
T;N, For 2 hr, post Neuroform Stent/Aneurysm Embolization

[ ] Bedrest
T;N, For 4 hr, post Neuroform Stent/Aneurysm Embolization

[ ] Bedrest
T;N, For 8 hr, post Neuroform Stent/Aneurysm Embolization

[ ] Bedrest
T;N, Strict, post Neuroform Stent/Aneurysm Embolization

[ ] Force Fluids
T;N, For 24 hr, post Neuroform Stent/Aneurysm Embolization

[ ] Advance Diet As Tolerated
T;N, following Neuroform Stent/Aneurysm Embolization

[ ] Keep Affected Leg Straight
T;N, post Neuroform Stent/Aneurysm Embolization

[ ] Groin Check (Check Groin)
T;N, q30m, For 1.5 hrs then q1h, For 4 hrs then when checking Vital Signs, post Neuroform Stent/Aneurysm Embolization

[ ] Sodium Chloride 0.45%
500 mL, Femoral Cath, Routine, T;N, 10 mL/hr, Comment: to keep sheath open, through femoral sheath

NOTE: Peripheral/Central IV Choices:

[ ] Sodium Chloride 0.45%
500 mL, IV, Routine, T;N, 50 mL/hr

[ ] Sodium Chloride 0.9%
500 mL, IV, Routine, T;N, 50 mL/hr

[ ] ketorolac
15 mg, Injection, IV Push, once, Routine, T;N

[ ] aspirin
325 mg, EC Tablet, PO, QDay, Routine, T;N

[ ] clopidogrel
75 mg, Tab, PO, QDay, Routine, T;N

[ ] ibuprofen
400 mg, Tab, PO, q8h, PRN Pain, Mild (1-3), Routine, T;N

[ ] acetaminophen-HYDROcodone 325- 1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, T;N

7.5 mg oral tablet

[ ] Notify Physician-Continuing
T;N, Notify: Radiology Special Procedure Dept, if bleeding, swelling, shortness of breath, chest pain

Date __________________ Time __________________
Physician's Signature __________________
MD Number __________________

RAD Neuroform Stent-Aneurysm Embolization Post Proc - 21618-QM0309-Ver5 092410

*111*