attach patient label here

Methodist Le Bonheur Healthcare

Physician Orders ADULT

Order Set: RAD Myelogram-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 w/Neuro Checks	T;N, q30min, For 2 occurrence, Monitor and Record P,R,BP - Post Myelogram
Activity		
[ ]	Bedrest	T;N, for 4 hours post myelogram, elevate HOB 30 - 45 degrees
[ ]	Bedrest	T;N, for 6 hours post myelogram, elevate HOB 30 - 45 degrees
[ ]	Bedrest	T;N, until next am post myelogram, elevate HOB 30 - 45 degrees
Food/Nutrition		
[ ]	Force Fluids	T;N, for 24hrs, post myelogram
Patient Care		
[ ]	Advance Diet As Tolerated	T;N
[ ]	IV Discontinue	T;N, Prior to discharge, if Radiology started
[ ]	Discharge When Meets Criteria	T;N, may discharge patient when meets SDS criteria
[ ]	Discharge Instructions	T;N, No phenothiazines for 24 hours post myelogram
Medications		
[ ]	acetaminophen-HYDROcodone 325-7.5 mg oral tablet	1 tab,Tab,PO,q4h,PRN Pain, Mild (1-3),Routine,T;N
[ ]	Nursing Communication	T;N, No phenothiazines for 24 hours post myelogram
Consults/Notifications		
[ ]	Notify Physician-Once	T;N, Notify: Physician in Diagnostic Radiology Dept, For: Bleeding from puncture site, hematoma, swelling, rash, headache, alteration in vital signs, nausea, vomitting, or increase in procedural related pain.

_____ _____ _____ _____

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