	EMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders the	at have be	en ch					
	TE TIME PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATION)	,		DATE	TIME	INTRAVENOUS FLUID and MEDICATION ORDERS		
Interventional Radiology Post-Angiogram Orders ALLERGY:								
DATE: TIME:								
•	Admit to ( ) ICU/CCU ( ) Medical-Surgical floor							
	() Other:	. 1	MEDICATION ORDERS ONLY	() Hep	lock IV			
•	hour x 4.	IY I	RDEF	() IVF	·.			
•	Check accessed site [groin(s) and/or arm(s)] with vital sign		O NO	· · ·				
•	checks. Check distal pulses with vital sign checks and record.		ICAT					
•	If bleeding, apply direct pressure x 10 minutes and reassess. If		MED	Ra	te:			
	continued bleeding, apply direct pressure and if significant, CALL RADIOLOGIST. If hematoma present, mark hematom	na	IVF and	Du	ration:			
•	size with marker. If distal pulses, disappear or change significantly <b>CALL</b>			() Play	/ix 150 m	g PO now.		
•	<b>RADIOLOGIST</b> . Keep supine for: $\Box$ 1 hour $\Box$ 4 hours $\Box$ 8 hours		ONLY			PO every morning.		
•	$\Box$ 2 hours $\Box$ 6 hours		DERS					
	with accessed limb(s) straight for: □ 1 hour □ 4 hours □ 8 hours		IVF and MEDICATION ORDERS ONLY	() AS	A 80 mg I	PO now		
•	□ 2 hours □ 6 hours If brachial artery access, make sure arm accessed is in a sling a	and	ICATI	( ) AS/	A 80 mg I	PO every morning.		
•	patient does not move it (i.e., to feed self) for $\Box$ 12 or $\Box$ 24 hor	ars.	I MED	Analge	sia (if not	allergic)		
	Check neurological status and distal pulse as well as access of brachial artery accessed limb with vital sign checks. If	site	VF and	-				
	hematoma, compartment syndrome change, CALL		5			g/ Hydrocodone 5 mg $1 - 2$ tablets PO every 4 ain (pain scale).		
•	<b>RADIOLOGIST</b> . May elevate HOB to: $\Box 30^{\circ} \Box 45^{\circ} \Box 90^{\circ}$		NLY	nou	is i id i p			
	after: $\Box$ 1 hour $\Box$ 4 hours $\Box$ 8 hours		IVF and MEDICATION ORDERS ONLY	( ) Mo	rphine Su	lfate $2 - 4 \text{ mg IV}$ every 2 hours PRN pain		
•	after:   1 hour   4 hours   8 hours     2 hours   6 hours     May ambulate after   hours.		ORDI	(pa	in scale	).		
•	Out of bed to chair after hours.		LION		$\land$			
•	Advance diet as tolerated post-sedation:		DICA	$\triangleleft$	$\langle \rangle$			
	□ ADA 1800 □ Clear liquids □ Regular May discharge to home in:		ME	>	>			
•			F and	$\searrow$	$\searrow$			
	$\Box$ 2 hours $\Box$ 6 hours $\Box$ 8 hours		Ν	$\bigcirc$	$\bigcirc$			
	If awake, alert, no significant bleed and meets post-sedation		X,	$\iff$	$\Leftrightarrow$			
•	criteria. Call Radiologist:		IVF and MEDICATION ORDERS ONLY	$\geq$	$\left \right\rangle$			
	1. Status Change		DERS	$>\!\!\!\!>$	$\geq$			
	2. For any questions		( ORI	$\bigtriangledown$	$\overline{}$			
•	3. Prior to discharge. Interventional Radiology Procedure Discharge Orders		TION	$\Leftrightarrow$	<>			
	1. Keep wound site clean and dry for 2 to 3 days		DICA	>	$\langle \rangle$			
	2. Do not drive for 24 hours.		MEI	$\times$	$\geq$			
	<ol> <li>No heavy lifting for 72 hours.</li> <li>If site oozing, apply direct pressure.</li> </ol>		and	$\searrow$	$\searrow$			
	<ul><li>5. If significant continued bleeding, continue pressure and go t</li></ul>	io l	IVI	$\bigcirc$	$\langle \rangle$			
	emergency room.			$\bigcirc$	$\langle \rangle$			
•	Follow up appointment with IR Make follow up appointment with patient's referring physician			$\times$	$\left \right>$			
• Make follow up appointment with patient's referring physician.				$>\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	$\geq$			
MD	MD:			$\overline{}$	$\overline{}$			
✓	Summary/Blanket orders are unacceptable.	יסס	NOT	r use:		PATIENT ID LABEL		
✓.	Medication orders must be complete.	U		MS				
√ √	PRN medication orders must include an indication. Write legibly.	IU Q.D.		MS Mg				
$\checkmark$	Rewrite orders upon transfer and/or post-operatively.	Q.O.	D.	Tra	iling zero			
✓	Date, time, and sign verbal & telephone orders within 48 hours.	Lack	of l	eading zero	)			

## **Physician's Order Form** Interventional Radiology Post-Angiogram Orders GMHA #049025 Stock # 99049025 Approved Date: RAD 6/ 2010, MEC 6/2010, HIMC 6/2010