<table>
<thead>
<tr>
<th>Date</th>
<th>Interventional Radiology Post Procedure Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>(All orders with a ☐ must be checked to activate. All orders with a ☑ are activated.)</td>
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</tbody>
</table>

1. **IR MDs:**
   - **Staff:**
   - **Fellow:**
   - **Resident:**

2. **Observe:**
   - ☐ Holding x _______ hr
   - ☐ PACU
   - ☐ Floor:

3. **Procedure:**

4. **Site:**
   - ☐ Closure Device:

5. **Condition:**
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

6. **Allergies:**
   - ☐ No known drug allergies

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Describe Reaction</th>
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<th>Describe Reaction</th>
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<td></td>
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</table>

7. **Vital Signs:**
   - ☐ q15min x 4, q30min x 2,
   - ☐ q1hr x ___________, then routine.
   - ☐ Site and pain assessment with VS. If bleeding / hematoma, hold pressure for 10 min, page MD.
   - ☐ Neuro assessment with VS and PRN
   - ☐ Right
   - ☐ Left
   - ☐ Upper
   - ☐ Lower
   - Extremity pulse assessment with VS and PRN

8. **Diet:**
   - ☐ Advance as tolerated to previous diet orders
   - ☐ Clear liquids (for biopsy)
   - ☐ NPO

9. **Nursing:**
   - ☐ Observe urine for macroscopic hematuria, if positive call IR MD.

10. **Activity:**
    - ☐ Strict bed rest x ___________ hr.
    - ☐ __________________________ straight while on bed rest.
    - ☐ HOB: ☐ flat
    - ☐ up 30˚
    - ☐ after _____________ hr, then resume previous.
    - ☐ Resume previous activity as tolerated.

11. **Labs/Studies:**
    - ☐ CBC _____________ hours post biopsy. Call IR MD with results.

12. **IVF:**
    - ☐ _______________________ at _________ mL/hr for ______ hours
    - ☐ Until tolerating PO, then heplock.
    - ☐ Heplock

13. **Catheter Status:**
    - ☐ Open to drainage: ☐ Bag, gravity drainage
    - ☐ Bulb suction; Record drainage q shift.
    - ☐ Flush catheter with ______ mL of ____________________ every _____________________
    - ☐ Cap catheter After _________ hours. Open to bag if obstructive symptoms, increased WBC or fever develops.
    - ☐ Dressing change to site. Dry dressing daily.
    - ☐ DO NOT pull catheter OR turn stopcock. Give patient instructions on catheter care prior to discharge.
    - ☐ OK to use for catheter; no need for further imaging prior to initial use.

14. **Provider MUST complete attached VTE prophylaxis order set.**

15. **PRN Medication Orders:**

   **PRN Mild Pain Medications:**
   - ☐ acetaminophen (TYLENOL) 650 mg PO q4hr PRN mild pain

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(continued on next page)

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**Physician’s Orders**
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### Interventional Radiology Post Procedure Orders

#### PRN Medication Orders (continued):

**PRN Moderate Pain Medications (choose one of the following):**

- [ ] oxycodone 5 - 10 mg PO q4hr PRN mild / moderate pain
- [ ] oxycodone 5 mg / acetaminophen 325 mg (PERCOCET) 1 - 2 tablets PO q4hr PRN MODERATE PAIN *(Do not exceed 4 g/day of acetaminophen)*

**PRN Severe Pain Medications (choose one of the following):**

- [ ] morphine 2 - 4 mg IV q30min PRN severe pain
- [ ] hydromorphone (DILAUDID) 0.5 - 2 mg IV q4hr PRN severe pain

**PRN Antiemetic Medications:**

- [ ] ondansetron (ZOFRAN) 4 mg IV q6hr PRN nausea (preferred)
- [ ] promethazine (PHENERGAN) 12.5 - 25 mg IV q4hr PRN nausea

**Other PRN Medications:**

- [ ] diphenhydramine (BENADRYL) 12.5 - 25 mg PO at bedtime PRN itching or rash. May repeat x 1 dose.

#### Notify MD for:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Greater than or equal to</th>
<th>Less than or equal to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic Blood Pressure</td>
<td>180 mmHg</td>
<td>90 mmHg</td>
</tr>
<tr>
<td>Diastolic Blood Pressure</td>
<td>100 mmHg</td>
<td>50 mmHg</td>
</tr>
<tr>
<td>Heart Rate</td>
<td>120 beats/min.</td>
<td>60 beats/min.</td>
</tr>
<tr>
<td>Temperature</td>
<td>38.5 degrees Celsius</td>
<td></td>
</tr>
<tr>
<td>Respiratory Rate</td>
<td>30 breaths/min.</td>
<td>8 breaths/min.</td>
</tr>
</tbody>
</table>

- [ ] Hematoma / bleeding at site
- [ ] Macroscopic hematuria
- [ ] Change in neuro or pulse assessment
- [ ] Call IR MD when family arrives in holding.

#### Discharge:

- [ ] Home
- [ ] Previous floor / unit

- [ ] Prior to discharge remove: [ ] IV  [ ] Foley

- [ ] Give Discharge Instructions to patient prior to discharge

- [ ] Page IR MD ______________________ at __________________________ for discharge orders.

- [ ] Admit to:

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**MD Signature**

**MD #**

*(continued on next page)*
<table>
<thead>
<tr>
<th>Date</th>
<th>Adult Venous Thromboembolism (VTE) Prophylaxis Order Form</th>
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1. **Risk factors for the development of VTE:**
   - Age greater than 40y
   - Immobility / paralysis
   - Obesity
   - ICU admission
   - Serious infection
   - Hip, leg, pelvic fracture
   - Heart failure
   - Inflammatory disorder
   - Pneumonia
   - Respiratory failure
   - Chronic lung disease
   - Thrombophilia
   - Malignancy
   - Pregnancy
   - Varicose veins
   - Nephrotic syndrome
   - Estrogen use
   - Active collagen vascular disorder
   - Prior history of DVT / PE
   - Ischemic stroke
   - CVL / catheter
   - Surgery
   - Multiple trauma

2. **Select risk stratification for acquiring VTE (check indication):**
   - **HIGH RISK**
     - □ Major orthopedic procedures *(including lower extremity arthroplasty / fracture)*
     - □ Spinal cord injury, multiple major trauma
     - □ Abdominal / pelvic cancer undergoing operative procedure
   - **MODERATE RISK**
     - □ Non-ICU patient or stable medical patient with at least one risk factor
     - □ Moderate surgery without risk factors
     - □ Major surgery or moderate surgery with risk factors
     - □ ICU, major medical problem *(CHF, mechanical ventilation, sepsis, burns)*
   - **LOW RISK**
     - □ Medical patient – fully mobile, brief admission *(anticipate less than 48 hr admission)*
     - □ Surgical patient – Procedure less than 30 minutes, mobile, no additional risk factors

3. **Select VTE prophylaxis (select therapy consistent with risk stratification identified above):**
   - **HIGH RISK**
     - Required – Choose one of the following pharmacologic regimens:
       - □ enoxaparin *(LOVENOX)* 40 mg subcutaneously q24hr
       - □ enoxaparin *(LOVENOX)* 30 mg subcutaneously q12hr *(preferred in trauma)*
       - □ enoxaparin *(LOVENOX)* 30 mg subcutaneously q24hr *(CrCl less than 30 mL/min)*
       - □ fondaparinux *(ARIXTRA)* 2.5 mg subcutaneously q24hr *(Contraindicated if CrCl less than 30 mL/min)*
       - □ warfarin *(COUMADIN)* ________ mg PO daily *(maintain INR 2 - 3)*
     - Required – Adjunct to pharmacologic regimen:
       - ☒ sequential compression devices *(SCD)* at all times while in bed
   - **MODERATE RISK**
     - Required – Choose one of the following pharmacologic regimens:
       - □ heparin 5,000 units subcutaneously q8hr
       - □ heparin 5,000 units subcutaneously q12hr *(eg. age greater than 75 y or weight less than 50 kg)*
       - □ enoxaparin *(LOVENOX)* 40 mg subcutaneously q24hr
       - □ enoxaparin *(LOVENOX)* 30 mg subcutaneously q24hr *(CrCl less than 30 mL/min)*
       - □ fondaparinux *(ARIXTRA)* 2.5 mg subcutaneously q24hr *(Contraindicated if CrCl less than 30 mL/min)*
     - Optional – Select as adjunct to pharmacologic regimen if indicated:
       - □ sequential compression devices *(SCD)* at all times while in bed
   - **LOW RISK**
     - □ early ambulation

4. ☒ CBC now and every other day with morning labs *(moderate or high risk patients as checked above)*
   - Notify physician if platelet count less than 150,000/mm³ or 50 % decrease from baseline.
   - □ INR daily *(if patient receiving warfarin)*

5. If evidence of any bleeding, hold next dose and notify MD.

6. □ No pharmacologic VTE prophylaxis indicated at this time. Must document reason:

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**Patient Name:**

**Patient Identification #:**