

Date	Interventional Radiology Post Procedure Orders		
Time	(All orders with a <input type="checkbox"/> must be checked to activate. All orders with a <input checked="" type="checkbox"/> are activated.)		
1. IR MDs: Staff:	Fellow:	Resident:	
2. Observe: <input type="checkbox"/> Holding x _____ hr	<input type="checkbox"/> PACU	<input type="checkbox"/> Floor:	
3. Procedure:			
4. Site:	<input type="checkbox"/> Closure Device:		
5. Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
6. Allergies: <input type="checkbox"/> No known drug allergies			
Allergy:	Describe Reaction:	Allergy:	Describe Reaction:
Allergy:	Describe Reaction:	Allergy:	Describe Reaction:
7. Vital Signs: <input type="checkbox"/> q15min x 4, q30min x 2, <input type="checkbox"/> q1hr x _____, then routine.			
<input type="checkbox"/> Site and pain assessment with VS. If bleeding / hematoma, hold pressure for 10 min, page MD.			
<input type="checkbox"/> Neuro assessment with VS and PRN			
<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Upper <input type="checkbox"/> Lower extremity pulse assessment with VS and PRN			
8. Diet: <input type="checkbox"/> Advance as tolerated to previous diet orders <input type="checkbox"/> Clear liquids (for biopsy) <input type="checkbox"/> NPO			
9. Nursing: <input type="checkbox"/> Observe urine for macroscopic hematuria, if positive call IR MD.			
10. Activity: <input type="checkbox"/> Strict bed rest x _____ hr. <input type="checkbox"/> _____ straight while on bed rest.			
<input type="checkbox"/> HOB: <input type="checkbox"/> flat <input type="checkbox"/> up 30° <input type="checkbox"/> after _____ hr, then resume previous. <input type="checkbox"/> Resume previous activity as tolerated.			
11. Labs/Studies: <input type="checkbox"/> CBC _____ hours post biopsy. Call IR MD with results.			
12. IVF: <input type="checkbox"/> _____ at _____ mL/hr for _____ hours <input type="checkbox"/> Until tolerating PO, then heplock. <input type="checkbox"/> Heplock			
13. Catheter Status:			
<input type="checkbox"/> Open to drainage: <input type="checkbox"/> Bag, gravity drainage <input type="checkbox"/> Bulb suction; Record drainage q shift.			
<input type="checkbox"/> Flush catheter with _____ mL of _____ every _____			
<input type="checkbox"/> Cap catheter <input type="checkbox"/> After _____ hours. Open to bag if obstructive symptoms, increased WBC or fever develops.			
<input type="checkbox"/> Dressing change to site. Dry dressing daily.			
<input type="checkbox"/> DO NOT pull catheter OR turn stopcock. Give patient instructions on catheter care prior to discharge.			
<input type="checkbox"/> 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:			
<input type="checkbox"/> acetaminophen (TYLENOL) 650 mg PO q4hr PRN mild pain			
MD Signature		MD #	
(continued on next page)			

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Patient Name:

Patient Identification #:

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Date	Interventional Radiology Post Procedure Orders		
Time	(All orders with a <input type="checkbox"/> must be checked to activate. All orders with a <input checked="" type="checkbox"/> are activated.)		
<b>15. PRN Medication Orders (continued):</b>			
<b>PRN Moderate Pain Medications (choose one of the following):</b>			
<input type="checkbox"/> oxycodone 5 - 10 mg PO q4hr PRN mild / moderate pain			
<input type="checkbox"/> oxycodone 5 mg / acetaminophen 325 mg (PERCOCET) 1 - 2 tablets PO q4hr PRN <b>MODERATE PAIN</b> (Do not exceed 4 g/day of acetaminophen)			
<b>PRN Severe Pain Medications (choose one of the following):</b>			
<input type="checkbox"/> morphine 2 - 4 mg IV q30min PRN severe pain			
<input type="checkbox"/> hydromorphone (DILAUDID) 0.5 - 2 mg IV q4hr PRN severe pain			
<b>PRN Antiemetic Medications:</b>			
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg IV q6hr PRN nausea (preferred)			
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 - 25 mg IV q4hr PRN nausea			
<b>Other PRN Medications:</b>			
<input type="checkbox"/> diphenhydramine (BENADRYL) 12.5 - 25 mg PO at bedtime PRN itching or rash. May repeat x 1 dose.			
<b>16.</b>	<b>Notify MD for:</b>	<b>Greater than or equal to:</b>	<b>Less than or equal to:</b>
	Systolic Blood Pressure	180 mmHg	90 mmHg
	Diastolic Blood Pressure	100 mmHg	50 mmHg
	Heart Rate	120 beats/min.	60 beats/min.
	Temperature	38.5 degrees Celsius	
	Respiratory Rate	30 breaths/min.	8 breaths/min.
<input type="checkbox"/> Hematoma / bleeding at site			
<input type="checkbox"/> Macroscopic hematuria			
<input type="checkbox"/> Change in neuro or pulse assessment			
<input type="checkbox"/> Call IR MD when family arrives in holding.			
<b>17. Discharge:</b> <input type="checkbox"/> Home <input type="checkbox"/> Previous floor / unit when patient meets discharge criteria.			
<input type="checkbox"/> Prior to discharge remove: <input type="checkbox"/> IV <input type="checkbox"/> Foley			
<input type="checkbox"/> Give Discharge Instructions to patient prior to discharge			
<input type="checkbox"/> Page IR MD _____ at _____ for discharge orders.			
<input type="checkbox"/> Admit to:			
<b>MD Signature</b>		<b>MD #</b>	
(continued on next page)			

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Patient Name:

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Date	Adult Venous Thromboembolism (VTE) Prophylaxis Order Form				
Time	(All orders with a <input type="checkbox"/> must be checked to activate. All orders with a <input checked="" type="checkbox"/> are activated.)				
<b>1. Risk factors for the development of VTE:</b>					
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	
<b>2. Select risk stratification for acquiring VTE (check indication):</b>					
<b>HIGH RISK</b>	<input type="checkbox"/> Major orthopedic procedures (including lower extremity arthroplasty / fracture) <input type="checkbox"/> Spinal cord injury, multiple major trauma <input type="checkbox"/> Abdominal / pelvic cancer undergoing operative procedure				
<b>MODERATE RISK</b>	<input type="checkbox"/> Non-ICU patient or stable medical patient with at least one risk factor <input type="checkbox"/> Moderate surgery without risk factors <input type="checkbox"/> Major surgery or moderate surgery with risk factors <input type="checkbox"/> ICU, major medical problem (CHF, mechanical ventilation, sepsis, burns)				
<b>LOW RISK</b>	<input type="checkbox"/> Medical patient – fully mobile, brief admission (anticipate less than 48 hr admission) <input type="checkbox"/> Surgical patient – Procedure less than 30 minutes, mobile, no additional risk factors				
<b>3. Select VTE prophylaxis (select therapy consistent with risk stratification identified above):</b>					
<b>HIGH RISK</b>	<b>Required – Choose one of the following pharmacologic regimens:</b> <input type="checkbox"/> enoxaparin (LOVENOX) 40 mg subcutaneously q24hr <input type="checkbox"/> enoxaparin (LOVENOX) 30 mg subcutaneously q12hr (preferred in trauma) <input type="checkbox"/> enoxaparin (LOVENOX) 30 mg subcutaneously q24hr (CrCl less than 30 mL/min) <input type="checkbox"/> fondaparinux (ARIXTRA) 2.5 mg subcutaneously q24hr (Contraindicated if CrCl less than 30 mL/min) <input type="checkbox"/> warfarin (COUMADIN) _____ mg PO daily (maintain INR 2 - 3) <b>Required – Adjunct to pharmacologic regimen:</b> <input checked="" type="checkbox"/> sequential compression devices (SCD) at all times while in bed				
<b>MODERATE RISK</b>	<b>Required – Choose one of the following pharmacologic regimens:</b> <input type="checkbox"/> heparin 5,000 units subcutaneously q8hr <input type="checkbox"/> heparin 5,000 units subcutaneously q12hr (eg. age greater than 75 y or weight less than 50 kg) <input type="checkbox"/> enoxaparin (LOVENOX) 40 mg subcutaneously q24hr <input type="checkbox"/> enoxaparin (LOVENOX) 30 mg subcutaneously q24hr (CrCl less than 30 mL/min) <input type="checkbox"/> fondaparinux (ARIXTRA) 2.5 mg subcutaneously q24hr (Contraindicated if CrCl less than 30 mL/min) <b>Optional – Select as adjunct to pharmacologic regimen if indicated:</b> <input type="checkbox"/> sequential compression devices (SCD) at all times while in bed				
<b>LOW RISK</b>	<input type="checkbox"/> early ambulation				
4. <input checked="" type="checkbox"/> 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/mm <sup>3</sup> or 50 % decrease from baseline.					
<input type="checkbox"/> INR daily (if patient receiving warfarin)					
5. If evidence of any bleeding, hold next dose and notify MD.					
6. <input type="checkbox"/> No pharmacologic VTE prophylaxis indicated at this time. Must document reason:					
<b>MD Signature</b>			<b>MD #</b>		

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