## Interventional Radiology Post Procedure Orders

**1. Diagnosis:**

**Procedure:**

**2. Take VS, Check puncture site/drain site:**
- Every 15 minutes x 4, then every 30 minutes x 2, then hourly x 2 post procedure then routine if stable
- Notify physician for:
  - Respiratory distress
  - Hemoptysis
  - Fever > 101°F or chills
  - Change in vital signs; BP > 160 or < 100 systolic
  - BP > 90 diastolic
  - Bleeding, hematoma, increasing pain at or around puncture/drain site
  - Change in drain position
- For nephrostomy drain: increasing flank pain or urine output < 50 ml in 2 hours
- Other: ______________________

**3. Administer oxygen PRN to maintain O\textsubscript{2} sat at > 92% or at pre-procedure level**

**4. Diet:**
- Resume pre-procedure diet
- NPO until 1\textsuperscript{st} CXR obtained, and Radiologist orders diet
- Other ______________________

**5. Activity:**
- Bedrest x ______ hours until (time)_________. then resume pre-procedure activity
- Bathroom privileges
- Position on ______ side during bedrest
- Position on back during bedrest

**6. IV Fluids:**
- Resume pre-procedure IV fluids (list): ______________________
- 0.9% NaCL at (rate) ______ cc/hr x ______ hours then INT
- (IV fluid) ________________ at (rate) ______ c/hr x ___ hours, then INT

**7. Medications:**
- Pain
- Morphine 1-2mg IV q 2hr PRN severe pain
- Norco 5/325mg 1-2 tabs PO q 6 hr PRN moderate pain
- Nausea__________________
- Contact Dr. _______________________ today; regarding re-initiation of antithrombotics and/or anticoagulants.
- Restart ______________________ (anticoagulant) at _____ / ____ / ____ (date) ____ (time)
- Other ______________________

**8. CXR:**
- At (time) __________
- Verify results with Radiologist

**9. Nursing Order:**
- Remove occlusive bandage in 24 hours, apply Band-aid prn
- Other ______________________

**10. Nursing Order:**
- Capped
- Open to collection bag
- Keep bag below the drain site.
- To water seal
- To -20 cm suction
- To - _____ cm suction
- Record output
- Flush drain with 0.9% NaCl _____ cc (frequency) _______ DO NOT ASPIRATE

**11. Other orders:**

**12. DISCHARGE**
1. Discharge at (time) __________
2. Discontinue IV access
3. Give patient the appropriate post procedure discharge instructions.
5. Resume home meds with the following changes or additions:

6. Follow up Plans: ______________________

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MD Signature: Date: Time:

RN Signature: Date: Time: