

- Facilities:
- Ascension St. Vincent's Riverside
  - Ascension St. Vincent's Southside
  - Ascension St. Vincent's Clay County
  - Ascension St. Johns County

AFFIX PATIENT LABEL

**RAD Angiogram Post-Procedure  
Non Categorized**

Last Revision Date  
 2023/02

**Vital Signs**

- Vital Signs
- q15min x4, q30min x4, q1hr x 3, then per protocol
- Neuro Vascular Checks
- Check distal pulses q15min x 4, q30min x4, q1hr x 3
- Neuro Checks
- q1hr x 6, Affected extremity only
- Procedural Site Check
- q15min x 4, q30min x 4, q1hr x 3
- Call Provider for the following:
- Contact IR for any unstable vital signs, changes in patient's symptoms, or procedural site complications

**Activity**

- Activity
- Bedrest 2 hr Strict, keep procedure site extremity straight, HOB Elevated 30 degrees, A closure device WAS used
  - Bedrest 6 hr Strict, keep procedure site extremity straight, HOB Elevated 30 degrees, A closure device WAS NOT used

**Diet**

- Diets
- resume diet after procedure

**Continuous Infusions**

- NS
- 1000 mL IV 125 mL Infuse over 8 hours
- 1/2 NS
- 1000 mL IV 125 mL Infuse over 8 hours

**Medications**

**Analgesics**

**LINKED CONTENT:** Adult Multimodal Acute Pain without TAG NATL

**Antiemetics**

- ondansetron
- 4 mg inj IV slow push once PRN nausea
- promethazine
- 12.5 mg inj IV slow push once PRN nausea If zofran also ordered, use zofran first.

**Laboratory**

CBC without Differential

Nursing Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date/Time \_\_\_\_\_



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- Blood Next AM T+1;0200 Nurse Collect : No Prothrombin Time with INR
- Blood Next AM T+1;0200 Nurse Collect : No Act Part Thrombo Time
- Blood Next AM T+1;0200 Nurse Collect : No Basic Metabolic Panel
- Blood Next AM T+1;0200 Nurse Collect : No Comprehensive Metabolic Panel
- Blood Next AM T+1;0200 Nurse Collect : No

Nursing Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date/Time \_\_\_\_\_



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