

- 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 Biliary/Cholecystostomy Tube Placement Procedure Non Categorized

Last Revision Date

- 2023/02

Vital Signs

Vital Signs

- q15min x4, q30min x 2, q1hr x 2, then per protocol

Procedural Site Check

- q1hr x 4, then per protocol

Call Provider for the following:

- Contact Radiologist for any unstable vital signs, changes in patient's symptoms, or procedural site complications

Activity

Activity

- Bedrest 4 hr then resume pre procedure activity

Diet

Diets

- resume diet after procedure

Patient Care

Drainage Catheter Management

Surgical Drain

- Percutaneous Abdomen To gravity/passive asDIRECTED Physician to Change First Dressing : No Change dressing as needed to keep dry. Flush catheter with 5mL normal saline once a day. Record output both every 12 hours.

Call Provider for the following:

- Contact Interventional Radiology (IR) for drainage catheter removal

Call Provider for the following:

- Contact Interventional Radiology (IR) if drainage catheter is malfunctioning, poorly functioning, leaking or broken.

Call Provider for the following:

- Contact Interventional Radiology (IR) if patient is to be discharged with drainage catheter in place.

Dressing Changes/Wound Care

- Apply dry dressing to biliary tube site every 2 days. Keep clean dry dressing on site.

Medications

Analgesics

LINKED CONTENT: Adult Multimodal Acute Pain without TAG NATL

Laboratory

Cell Count w/Diff Body Fluid

- Abdominal Fluid T;N Routine once Biliary Fluid

Body Fluid Culture

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____



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- Abdomen Biliary Fluid T;N Routine once
Culture Fungus
- Abdomen Biliary Fluid T;N Routine once
Acid Fast Bacilli Culture and Smear
- Abdomen Biliary Fluid T;N Routine once 1 dose/times
Pathology Non-Gyn Request
- T;N Collected : Yes Routine RT T;N Biliary Fluid

Consults

Consult Care Manager

- D/C Planning, arrange for Home Health Care to assist the patient with Catheter maintenance if patient is to be discharged with the drainage catheter in place.

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____

