

- 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 Discogram Post-Procedure  
Non Categorized**

Last Revision Date  
 2023/02

**Admit/Transfer/Discharge**

**LINKED CONTENT:** DISC Patient Discharge Orders

**Vital Signs**

Vital Signs

- q15min x 4; q30min x 4; q1hr x 3, then per Protocol.

Neuro Checks

- q15min x 4; q30min x 4; q1hr x 3, then per Protocol.

Procedural Site Check

- q15min x4, q30min x4, 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 strict for 2 hrs.

HOB

- Flat HOB flat x 1hr, then HOB 30 degrees for 1 hr.

**Diet**

Diets

- Resume diet after procedure.

**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.

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

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

