Facilities: Ascension St. Vincent's Riverside Ascension St. Vincent's Southside Ascension St. Vincent's Clay Count Ascension St. Johns County		AFFIX PATIENT LABEL
RAD Drain Placement Post Non Categorized Last Revision Date 2023/02	:-Procedure	
Vital Signs Vital Signs ✓ q15min x 4, q30min x2, ☐ T;N once post procedure Procedural Site Check ✓ Once, following procedure Call Provider for the following: ✓ Contact radiologist for a procedural site complication	re, then per protocol ure any unstable vital sign	is, changes in patient's symptoms, or
Activity Activity ☑ Bedrest 2 hr Then resur □ Bedrest 4 hr Then resur □ Progress as tolerated pa	me pre-procedure acti	ivity.
Diet Diets ☑ resume diet after proce	edure	
functioning, leaking, or br Call Provider for the following: Contact Interventional F place Surgical Drain Percutaneous Abdomen Dressing: No Change dre saline and record output e	Radiology, if drainage roken. Radiology, If patient is a To gravity/passive as sessing as needed to ke every 12 hours. To gravity/passive as To gravity/passive as	catheter removal catheter is malfunctioning, poorly s to be discharged with drainage catheter in SDIRECTED Physician to Change First sep dry. Flush catheter with 10mL normal SDIRECTED Physician to Change First sep dry. DO NOT flush catheter. Record
Medications Analgesics LINKED CONTENT: Ad	dult Multimodal Acute	Pain without TAG NATL
Laboratory Cell Count w/Diff Body Fluid		
Nursing Signature	Date/Time	

Physician Signature ______ Date/Time

Facilities: Ascension St. Vincent's Riverside	
Ascension St. Vincent's Southside Ascension St. Vincent's Clay County	AFFIX PATIENT LABEL
Ascension 3t. John's County	
Ascension St. Johns County △ Abscess T;N Routine once Body Fluid Culture △ Abdominal Fluid T;N Routine once Fungal Culture △ Abdominal Fluid T;N Routine once Acid Fast Bacilli Culture and Smear △ Abdominal Fluid T;N Routine once pH Body Fluid △ Abdominal Fluid T;N Routine once Albumin Level Body Fluid △ Abdominal Fluid T;N Routine once Lactate Dehydrogenase Body Fluid △ Abdominal Fluid T;N Routine once Glucose Body Fluid △ Abdominal Fluid T;N Routine once Protein Body Fluid △ Abdominal Fluid T;N Routine once	
Amylase Body Fluid	
Amylase Body Fluid Abdominal Fluid T;N Routine once Body Fluid Lipase Abdominal Fluid T;N Routine once Body Fluid Bilirubin, Total Abdominal Fluid T;N Routine once Cholesterol Body Fluid Abdominal Fluid T;N Routine once Body Fluid Triglycerides Abdominal Fluid T;N Routine once Creatinine Body Fluid Abdominal Fluid T;N Routine once Creatinine Body Fluid T;N Routine once Pathology Non-Gyn Request T;N Collected: Yes Routine RT T;N Abscess Body Fluid Flow Cytometry Body Fluid, Other T;N Routine once	ss Fluid
Consult Care Manager	
☑ D/C planning arrange for Home Health Ca maintenance if patient is to be discharged w	

Nursing Signature _____ Date/Time _____
Physician Signature _____ Date/Time

