

- 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 Embolization Post-Procedure
Non Categorized**

Last Revision Date
 2023/02

Vital Signs

- Vital Signs
- q15min x 4, q30min x4; q1hr x 3, then per protocol
- Neuro Vascular Checks
- Check distal pulses q15min x4, q30min x 4, q1hr x3
- Neuro Checks
- q1hr x 6, Affected extremity only
- Procedural Site Check
- Check extremity 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 procedural site extremity straight, HOB elevated 30 degrees, A closure device WAS USED.
 - Bedrest 6 hr Strict, keep procedural site extremity straight, HOB elevated 30 degrees, A closure device WAS NOT USED.

Diet

- Diets
- resume after procedure

Continuous Infusions

- NS
- 1,000 mL IV 125 mL/hr Infuse over 8 hours
- 1/2 NS
- 1000 mL IV 125 mL/hr Infuse over 8 hours

Medications

Analgesics

LINKED CONTENT: Adult Multimodal Acute Pain without TAG NATL

Antiemetics

- ondansetron
- 4 mg inj IV slow push q8hr PRN nausea
- promethazine
- 12.5 mg inj IV slow push q6hr 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 _____

