

- 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 Post-Procedure
Non Categorized**

Last Revision Date
 2023/11

Admit/Transfer/Discharge

Vital Signs

- Vital Signs
- q15min x 4, 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 for 4 hrs, then resume pre-procedure activity

Diet

- Diets
- Resume prior diet after procedure

Continuous Infusions

- Sodium Chloride 0.45%
- 1,000 mL IV 125 mL/hr
- Sodium Chloride 0.9%
- 1,000 mL IV 125 mL/hr

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
 - 6.25 mg inj IV slow push once PRN nausea For age > or = to 65 years For age < 65 years order the 12.5mg order. Decrease to 6.25mg for patients age >= 65 years. If Zofran ordered, use Zofran first

Laboratory

- Cell Count w/Diff Body Fluid
- Fluid, Unspecified T;N Routine once
- Body Fluid Culture
- Fluid, Unspecified T;N Routine once

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____



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Fungal Culture

- Fluid, Unspecified T;N Routine once

Acid Fast Bacilli Culture and Smear

- Fluid, Unspecified T;N Routine once

pH Body Fluid

- Fluid, Unspecified T;N Routine once

Albumin Level Body Fluid

- Fluid, Unspecified T;N Routine once

Lactate Dehydrogenase Body Fluid

- Fluid, Unspecified T;N Routine once

Glucose Body Fluid

- Fluid, Unspecified T;N Routine once

Protein Body Fluid

- Fluid, Unspecified T;N Routine once

Amylase Body Fluid

- Fluid, Unspecified T;N Routine once

Body Fluid Lipase

- Fluid, Unspecified T;N Routine once

Body Fluid Bilirubin, Total

- Fluid, Unspecified T;N Routine once

Cholesterol Body Fluid

- Fluid, Unspecified T;N Routine once

Body Fluid Triglycerides

- Fluid, Unspecified T;N Routine once

Creatinine Body Fluid

- Fluid, Unspecified T;N Routine once

Pathology Non-Gyn Request

- T;N Collected : Yes Routine RT

Body Fluid Flow Cytometry

- Body Fluid, Other T;N Routine once

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____



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