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 Central Venous Line Placement Post Admit/Transfer/Discharge Last Revision Date  2023/02	r-Procedure
Vital Signs  Vital Signs  □ q15min x 2, q30min x 2, q1hr x 2, then per Procedural Site Check  □ q15min x 2, q30 min x 2, q1hr x 2  Neuro Vascular Checks  □ Check distal pulses q15min x 2, q30min x 2  Call Provider for the following:  □ Contact Interventional Radiology (IR) for all symptoms, or procedural site complications.	2, q1hr x 2
Activity Activity  ☑ Bedrest 4 hr Strict, keep procedure site ext	remity straight, HOB elevated 30 degrees.
<b>Diet</b> Diets ☑ resume diet after procedure	
Patient Care  Nursing Communication  ☑ Venous line tip is in adequate position. The	line is OK to use.
Medications LINKED CONTENT: Adult Multimodal Acute Pa	ain without TAG NATL

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

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

