



Radiology Post Procedure Orders (page 1 of 2)

Contact Radiology for any unstable vital signs, changes in patient symptoms or procedure site complications.

For outpatients only, the patient may be discharged at _____ AM / PM if clinical stable.

Vital Signs

Once post procedure then per protocol.

q15mins x 4, q30mins x 2 then per protocol (2 hours total).

q15mins x 4, q30mins x 2, q60mins x 2 then per protocol (4 hours total).

Procedural Site Check

Once post procedure then per protocol.

q60mins x 4 then per protocol (4 hours total).

Vascular & Neuro Checks

Check distal pulses in affected extremity only q15mins x 4, q30mins x 4, q60mins x 3 (6 hours total).

Neuro check in affected extremity only q60mins x 6 (6 hours total).

Activity

Resume pre procedure activity NOW as tolerated.

Bedrest for _____ hours then advance to pre procedure activity as tolerated.

STRICT bedrest for _____ hours. Keep affected extremity straight. Head of bed elevated 30 degrees.

Diet

Resume pre procedure diet NOW.

Resume pre procedure diet after _____ hours.

Physician Signature

Printed Name

PAS#

Date/Time

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Radiology Post Procedure Orders (page 2 of 2)

Radiology

- XR Chest 1 View NOW - upright insp - post procedure pneumothorax check.
- XR Chest 2 Views at AM / PM - upright insp/exp - post procedure pneumothorax check.
- XR Chest 2 Views at AM / PM - upright insp/exp - post procedure pneumothorax check.

Drain Catheter Management (if applicable)

- Flush drainage catheter with 10 mL saline flush q12hrs. Record output q12hours.
- Do NOT flush drainage catheter. Record output q12hours.
- Keep chest tube Atrium / Pleur-Evac connected to low 20 cm H2O continuous suction.
- Contact Radiology for drain catheter complications, catheter removal or if patient is to be discharged with the drainage catheter in place.

Medications

- Percocet 5 mg / 325 mg PO times one dose as needed for post procedure pain.
- Zofran 4 mg IV times one dose as needed for post procedure nausea/vomiting.

Other

- Venous catheter tip is in adequate position. The line is okay to use.
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Physician Signature

Printed Name

PAS#

Date/Time

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