

Patient Care Order Set

Review Due Date: _____

Interventional Radiology (IVR) Post Procedure Order Set (Adult)	TRANSCRIPTION
<p>Oxygen Therapy</p> <p><input checked="" type="checkbox"/> Decrease oxygen by 1 – 2 litres per minute or 10% increments until pre- procedure SpO2 is achieved</p> <p><input checked="" type="checkbox"/> Repeat SpO₂ at least 10 minutes after each oxygen change</p> <p><input checked="" type="checkbox"/> Discontinue oxygen therapy titration when patient is on room air or home oxygen level</p> <hr/> <p>Pain/Nausea Management</p> <p>Pain</p> <p>Coanalgesics</p> <p><input type="checkbox"/> Acetaminophen 325 – 650 mg PO/NG/PR q4 h prn for pain</p> <p><input type="checkbox"/> Acetaminophen 300 mg (or 325 mg) with caffeine 15 mg (or 30 mg) and codeine 15 mg 1 or 2 tablets PO q4 h prn for pain</p> <p>Nausea Management:</p> <p><input type="checkbox"/> dimenhyDRINATE 12.5 – 25 mg PO/IV q4 h prn for nausea</p> <hr/> <p>Discharge Orders</p> <p><input type="checkbox"/> Discontinue IV prior to discharge</p> <p><input type="checkbox"/> Discharge to _____ (OPPU or inpatient unit) when the Modified Aldrete score is 9 or more, the respiratory score is 2, and a minimum of one hour has passed if reversal agents were administered.</p> <p><input type="checkbox"/> Discharge home when Modified PADSS is 9 or more AND a minimum of two hours has passed if reversal agents administered AND the effects of the sedation and/or analgesia have diminished AND verbal and written discharge instructions have been given AND the patient is accompanied by an adult who is responsible for them.</p> <p><input type="checkbox"/> Discharge _____</p> <hr/> <p>Additional Orders</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Orders Transcribed</p> <p>Date: _____ (yyyy/mm/dd)</p> <p>Time: _____ (hh:mm)</p> <hr/> <p style="text-align: center;">PRINT NAME</p> <hr/> <p style="text-align: center;">Signature/Discipline</p> <hr/> <p>Transcription Checked By (must be a nurse)</p> <p>Date: _____ (yyyy/mm/dd)</p> <p>Time: _____ (hh:mm)</p> <hr/> <p style="text-align: center;">PRINT NAME</p> <hr/> <p style="text-align: center;">Signature/Discipline</p>
<p>Submitted by _____</p> <p style="margin-left: 40px;">ID _____ PRINTED NAME _____ YYYY-MM-DD HH:MM _____</p> <p>Practitioner _____</p> <p style="margin-left: 40px;">ID _____ PRINTED NAME _____ YYYY-MM-DD HH:MM SIGNATURE _____</p>	<p>Pharmacy Use Only:</p> <p>Reviewed By: _____</p> <p>Entered By: _____</p> <p>Checked By: _____</p>