Interventional Radiology Post-Angiogram Orders

Date: ___________ Time: ___________

- Admit to ( ) ICU/CCU ( ) Medical-Surgical floor ( ) Other: ___________
- Vital signs every 15 min x 2, then every 30 min x 4. Then every 1 hour x 4.
- Check accessed site [groin(s) and/or arm(s)] with vital sign checks.
- Check distal pulses with vital sign checks and record.
- If bleeding, apply direct pressure x 10 minutes and reassess. If continued bleeding, apply direct pressure and if significant, CALL RADIOLOGIST. If hematoma present, mark hematoma size with marker.
- If distal pulses, disappear or change significantly CALL RADIOLOGIST.
- Keep supine for: □ 1 hour □ 4 hours □ 8 hours □ 2 hours □ 6 hours with accessed limb(s) straight for: □ 1 hour □ 4 hours □ 8 hours □ 2 hours □ 6 hours
- If brachial artery access, make sure arm accessed is in a sling and patient does not move it (i.e., to feed self) for □ 12 or □ 24 hours.
- □ Check neurological status and distal pulse as well as access site of brachial artery accessed limb with vital sign checks. If hematoma, compartment syndrome change, CALL RADIOLOGIST.
- May elevate HOB to: □ 30° □ 45° □ 90° after: □ 1 hour □ 4 hours □ 8 hours □ 2 hours □ 6 hours
- May ambulate after ___________ hours.
- Out of bed to chair after ___________ hours.
- Advance diet as tolerated post-sedation: □ ADA 1800 □ Clear liquids □ Regular
- May discharge to home in: □ 1 hour □ 4 hours □ 7 hours □ 2 hours □ 6 hours □ 8 hours
- If awake, alert, no significant bleed and meets post-sedation criteria.
- Call Radiologist:
  1. Status Change
  2. For any questions
  3. Prior to discharge.
- Interventional Radiology Procedure Discharge Orders
  1. Keep wound site clean and dry for 2 to 3 days
  2. Do not drive for 24 hours.
  3. No heavy lifting for 72 hours.
  4. If site oozing, apply direct pressure.
  5. If significant continued bleeding, continue pressure and go to emergency room.
- Follow up appointment with IR ___________.
- Make follow up appointment with patient’s referring physician.

MD: ____________________________________________

Physician’s Order Form

Interventional Radiology Post-Angiogram Orders

GMHA #049025 Stock # 99049025

- Summary/Blanket orders are unacceptable.
- Medication orders must be complete.
- PRN medication orders must include an indication.
- Write legibly.
- Rewrite orders upon transfer and/or post-operatively.
- Date, time, and sign verbal & telephone orders within 48 hours.

DO NOT USE:

- U MS
- IU MSO₄
- Q.D. MgSO₄
- Q.O.D. Trailing zero
- Lack of leading zero

Allergy:

( ) Heplock IV

( ) IVF:
  Type: _____________________________
  Rate: ____________________________
  Duration: _________________________

( ) Plavix 150 mg PO now.

( ) Plavix 75 mg PO every morning.

( ) ASA 80 mg PO now

( ) ASA 80 mg PO every morning.

Analgesia (if not allergic)

( ) APAP 325 mg/ Hydrocodone 5 mg 1 – 2 tablets PO every 4 hours PRN pain (pain scale ___________).

( ) Morphine Sulfate 2 – 4 mg IV every 2 hours PRN pain (pain scale ___________).

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6. Follow up appointment with IR _______________________.
7. Make follow up appointment with patient’s referring physician.

MD: ____________________________________________