POST-__________ ARTERIO

ALLERGIES:

1. Admit to PACU/Return ______ NURSING UNIT.
2. Bed rest with HOB flat and ______ arm/leg straight x ______ 4 ______ hours (circle one).
3. May have one pillow under head.
4. Elevate HOB 45 degrees after ______ 3 ______ 4 ______ hours (circle one).
5. May ambulate to bathroom after ______ 2 ______ 3 ______ 4 ______ hours (circle one).
6. If no evidence of bleeding, may be assisted to chair after ______ 2 ______ 3 ______ 4 ______ hours (circle one).
7. Assess and document puncture site, vascular checks and vital signs Q 15 min X 4, Q 30 min. X 4, then Q hour X 4. Notify Dr. ______ at (EXT.3456) of unstable vital signs or changes in pulses.
8. Assess and document Pulse Ox Q 15 min X 4.
9. If bleeding or expanding hematoma occur, notify resident and call Interventional Radiologist at (3456), immediately apply firm pressure to puncture site until resident or Interventional Radiologist arrive.
10. Resume previously ordered medications and diet. DIET: ______________________
11. IV FLUID (type) ______________ cc/hr ______
   - May discontinue IV site after current fluid infused.
   - May discontinue IV after taking p.o. without difficulty.
   - May continue IV fluids as previously ordered.
   - ______ other:
12. TYLENOL 325 mg 1-2 p.o. Q4 hrs prn for puncture site pain.
13. Medications received in Diagnostic Imaging as follows:

    __________ Call Dr. ______ at (3456) for discharge instructions.

ADDITIONAL ORDERS BELOW (X-OUT IF NOT USED)

____________________________________________

Physician Signature Print Physician Name Pager # Time/Date

Unit Secretary Time/Date Registered Nurse Time/Date

Rev.11/98 FORM# White copy - chart Yellow copy - pharmacy