

DIAGNOSTIC IMAGING

POST _____ ARTERIO _____

ALLERGIES: _____

1. Admit to PACU/Return _____ NURSING UNIT.
2. Bed rest with HOB flat and _____ arm/leg straight x 2 3 4 ___ hours (circle one).
3. May have one pillow under head.
4. Elevate HOB 45 degrees after 2 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 O_x 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 :

14. PACU ONLY: Notify Interventional Radiologist for patient discharge.
 Call Dr. _____ at (3456) for discharge instructions.

ADDITIONAL ORDERS BELOW (X-OUT IF NOT USED)

Physician Signature	Print Physician Name	Pager #	Time/Date
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Unit Secretary	Time/Date	Registered Nurse	Time/Date
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