

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**STANDARD ORDERS POST VASCULAR/INTERVENTIONAL PROCEDURES**

1. V/S Q 15 minutes X 4 Q 30 minutes X 4, then Q hour until ambulatory / or ready for DC if outpatient.
2. Check (left) (right) (arterial) (venous) entry site for bleeding and/or hematoma formation and check femoral and distal pulses with vital signs.
3. If bleeding or hematoma noted, apply firm manual pressure with three fingers over the puncture site continuously and notify interventional Radiology at 202-\_\_\_\_\_. **NO SANDBAGS, FLUID BAGS OR PRESSURE DRESSINGS PLEASE.**
4. Complete bed-rest for \_\_\_\_\_ hours with leg extended for \_\_\_\_\_ hours.
5. HOB may be raised up to 30 degrees.
6. Encourage oral fluids if not otherwise NPO. Appropriate diet as tolerated.
7. Report any adverse reactions to Interventional Radiologist at 202-\_\_\_\_\_ immediately.
8. IV of \_\_\_\_\_ at \_\_\_\_\_ ml/hr, until discharge / or \_\_\_\_\_ resume as previous for inpatient.

**OUTPATIENT ORDERS**

9. One-half hour prior to discharge, have patient sit in chair for 15 minutes.
10. Fifteen minutes prior to discharge, have patient stand. Check for orthostatic BP and walk up and down the hall.
11. May discharge at \_\_\_\_\_ (a.m.) (p.m.) if discharge criteria are met.

_____ Nurse Signature & Title	_____ Date	_____ Time	_____ Physician's Signature / Beeper No.	_____ Date	_____ Time
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Patient Label

**PHYSICIAN'S ORDER SHEET**