**Neuro Radiology Intervention Post-Procedure Discharge** [30401737]

If appropriate for patient condition, please consider the following order sets:
- Glycemic Control - Insulin Infusion Physician Order #824
- Glycemic Control - Subcutaneous Addendum Physician Order #825
- Neuro Heparin Infusion #581
- Electrolyte Replacement: Critical Care (ICU/PCU) Physician order #716

**Height____________________
Weight____________________
Allergies____________________**

### General - Prior to Discharge

**Vital Signs**

- Frequent vital signs with neuro checks
  - Indication: Post-procedure
  - Q15 minutes x (# of occurrences):
  - Q30 minutes x (# of occurrences):
  - Q1 hour x (# of occurrences): 2
  - Q2 hours x (# of occurrences):
  - Q4 hours x (# of occurrences):
  - Then: Q4h
  - Post-Procedural, Until discontinued, Starting today

- Neuro checks
  - Routine, Now then every 4 hours, Starting today
  - Q1 hour x (# of occurrences): 2
  - Then: Q4h
  - Neuro checks with all vital signs., Post-Procedure

### Cardiac Monitoring

- Cardiac monitoring
  - Routine, Until discontinued, Starting today, Post-Procedure

### Nursing Assessments

- NIH Stroke Scale
  - Routine, Once, Starting today, When patient awake, then and 24 hours, and at discharge., Post-Procedure

- Continue to monitor puncture site(s) for signs of bleeding and/or hematoma
  - Routine, Once, Starting today
  - Continue to monitor puncture site(s):
    - Post-Procedural

### Nursing Interventions

- 1:1 Observation (Acute Care)
  - Routine, Until discontinued, Starting today
  - Reason: Post-Procedural
  - 1:1 Nursing care, Post-Procedural

- Oxygen therapy
  - Routine, Continuous, Starting today
  - O2 Delivery Method: Nasal cannula
  - Titrate to saturation of: 92%
  - Indications for O2: Other (see comments)
  - Indicate LPM/FiO2:
    - Post-Procedural

- Aspiration precautions
  - Routine, Continuous, Starting today, Post-Procedure

- Apply radial artery compression device (TR Band)
  - Routine, Until discontinued, Starting today, Follow policy #825., Post-Procedure

- Discontinue existing retention catheter
  - Routine, Once, Starting today For 1 Occurrences
  - Post Op Day:
    - Discontinue retention catheter when ambulating.

- Straight cath
  - Routine, As needed, Starting today, Straight cath PRN inability to void every 8 hours., Post-Procedure
<table>
<thead>
<tr>
<th>Physician Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain pressure on puncture site</td>
</tr>
<tr>
<td>Discontinue arterial line when ambulating</td>
</tr>
<tr>
<td>Provide stroke education</td>
</tr>
<tr>
<td>Provide Stroke Education</td>
</tr>
<tr>
<td>Patient Diabetes education</td>
</tr>
<tr>
<td>Tobacco cessation education</td>
</tr>
</tbody>
</table>

**Physician Consults - Post-Procedure**

<table>
<thead>
<tr>
<th>Consult Type</th>
<th>Reason for Consult?</th>
<th>RN/Secretary to contact the consulting provider?</th>
<th>Post-Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient consult to Cardiology</td>
<td>____________________________</td>
<td>_____ Required</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>Inpatient consult to Endocrinology</td>
<td>____________________________</td>
<td>_____ Required</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>Inpatient consult to Gastroenterology</td>
<td>____________________________</td>
<td>_____ Required</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>Inpatient consult to General Surgery</td>
<td>____________________________</td>
<td>_____ Required</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>Inpatient consult to Infectious Diseases</td>
<td>____________________________</td>
<td>_____ Required</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>Inpatient consult to Neurology</td>
<td>____________________________</td>
<td>_____ Required</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>Inpatient consult to FIT Hospitalist</td>
<td>____________________________</td>
<td>_____ Required</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>Inpatient consult to Sound Hospitalist</td>
<td>____________________________</td>
<td>_____ Required</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>Inpatient consult to Group Health Hospitalist</td>
<td>____________________________</td>
<td>_____ Required</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>Inpatient consult to Pulmonology</td>
<td>____________________________</td>
<td>_____ Required</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>Inpatient consult to Palliative Care</td>
<td>____________________________</td>
<td>_____ Required</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>Inpatient consult to Nephrology</td>
<td>____________________________</td>
<td>_____ Required</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>Inpatient consult to Neurosurgery</td>
<td>____________________________</td>
<td>_____ Required</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>Inpatient consult to Hematology</td>
<td>____________________________</td>
<td>_____ Required</td>
<td>Post-Procedure</td>
</tr>
</tbody>
</table>

**Ancillary Consults - Post-Procedure**

**Provider Initial:** ____________________________

Neuro Radiology Intervention Post Procedure Discharge  [30401737]
[ ] Pharmacy general consult  
Routine, Once, Starting today

[ ] Speech and language pathology eval and treat  
Type? Bedside swallow  
Post-Procedure

[ ] Speech and language pathology eval and treat  
Type? Communication/Cognition  
Post-Procedure

[ ] PT eval and treat  
Reason for PT? ______________________ Required  
Post-Procedure

[ ] OT eval and treat  
Reason for OT? ______________________ Required  
Post-Procedure

[ ] Inpatient consult to Social Work  
Reason for Consult?  
Post-Procedure

[ ] Inpatient consult to Physical Medicine Rehab  
Reason for Consult? ______________________ Required  
RN/Secretary to contact the consulting provider? ________ Required  
Post-Procedure

[ ] Inpatient consult to Dietary  
Reason for Consult?  
Post-Procedure

[ ] Inpatient consult to Care Management  
Reason for Consult?  
Post-Procedure

Patient Education

[ ] Stroke education  
Routine, Prior to discharge, Starting today, Provide stroke education and document on education record, Post-Procedure

[ ] Tobacco cessation education  
Routine, Prior to discharge, Starting today, Provide smoking cessation information and document on education record., Post-Procedure

[ ] Patient was educated to follow up with their provider after discharge.  
Details

[ ] Patient education (specify)  
Routine, Once, Starting today, Post-Procedure

[ ] Provide patient education materials  
Routine, Once, Starting today, Post-Procedure

Discharge Instructions - Prior to Discharge

[ ] Discharge instructions  
Routine, Prior to discharge, Starting today, If stable, may discharge patient when all discharge criteria are met., Post-Procedure

[ ] Physician to see patient prior to discharge  
Routine, Prior to discharge, Starting today, Post-Procedure

[ ] Call patient before patient discharge  
Routine, Prior to discharge, Starting today, Post-Procedure

[ ] Nursing communication  
Routine, Until discontinued, Starting today, Post-Procedure

[ ] Discharge instructions  
Routine, Once, Starting today, Post-Procedure

General - AMB Orders - Post Discharge

Activity - Discharge

[ ] Activity as tolerated  
Routine, Clinic Performed, Post Discharge

[ ] Keep supine  
Routine, Clinic Performed, Post Discharge

[ ] Bed rest  
Routine, Clinic Performed, Post Discharge

[ ] Shower with wound covered  
Routine, Clinic Performed, Post Discharge

[ ] Shower with wound open  
Routine, Clinic Performed, Post Discharge

[ ] Wound care  
Routine, Clinic Performed, Post Discharge

[ ] Discharge activity  
Routine, Clinic Performed, Post Discharge

[ ] Follow-up Appointment  
Routine, Clinic Performed, Post Discharge
### PHYSICIAN ORDERS

<table>
<thead>
<tr>
<th>Diet - Discharge</th>
<th>Discharge Instructions - Post Discharge</th>
<th>Labs - Prior to Discharge</th>
<th>Imaging - Prior to Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet NPO</td>
<td>Routine, Clinic Performed, Post Discharge</td>
<td>Daily, Starting today, Post-Procedure</td>
<td>Routine, 1 time imaging, Starting today For 1</td>
</tr>
<tr>
<td>Advance diet as tolerated</td>
<td>Routine, Hospital Performed, Post Discharge</td>
<td>Once, Starting today, Post-Procedure</td>
<td>Reason for Exam: Post intervention</td>
</tr>
<tr>
<td>Diet Diabetic</td>
<td>Routine, Clinic Performed, Post Discharge</td>
<td>Once, Starting today, Post-Procedure</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>Diet Cardiac</td>
<td>Routine, Clinic Performed, Post Discharge</td>
<td>Once, Starting today, Post-Procedure</td>
<td></td>
</tr>
</tbody>
</table>
CT head without contrast

MRI brain with contrast

VTE Prophylaxis - Prior to Discharge

VTE Prophylaxis Mechanical Post-Procedure

Ensure correct VTE choices, need mechanical VTE prophylaxis if no pharmacologic prophylaxis, please see SCIP guidelines.

VTE Prophylaxis Pharmacological Post-Procedure (Single Response)

IV Fluids - Prior to Discharge

IV Fluids

Medications - Prior to Discharge

Glucose Management Post-Procedure

Provider Initial:______________
**Hypoglycemia Protocol (Blood glucose less than 70 mg/dL)**

1. If patient awake and able to take PO - give 4 oz of clear regular soda (i.e. Sprite)
2. If patient awake and unable to take PO - give 25 ml 50% dextrose in water (D50W) IV push
3. If patient obtunded (due to hypoglycemia) - give 50 ml 50% dextrose in water (D50W) IV push
4. Recheck blood glucose in 15 minutes. If blood glucose less than 70 mg/dL, repeat above treatment. Recheck blood glucose every 30 minutes until greater than or equal to 80 mg/dL.
5. If glucose remains less than 70 mg/dL after 2 doses of soda/dextrose, then notify provider, Post-Procedure.

---

**dextrose 50% IV**

25-50 ml, IntraVENous, As needed, low blood sugar, Post-Procedure.

**PRN Comment:** ______________________

1. If patient awake and unable to take PO - give 25 ml 50% dextrose in water (D50W) IV push.
2. If patient obtunded (due to hypoglycemia) - give 50 ml 50% dextrose in water (D50W) IV push.

---

**Insulin Regular Correction Scale (NovoLIN R) Post-Procedure (Single Response)**

**CHOOSE ONE**

1. **insulin regular (NOVOLIN R) injection (LOW DOSE SUB-Q SCALE)**
   - 2-10 Units, SubCutaneous, See admin instructions, Post-Procedure.
   - If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours.
   - **Blood Sugar [mg/dL]**
     - Low Dose - Total Daily Dose
     - Under 40 Units/Day
       - 150-200: 2 units
       - 201-250: 4 units
       - 251-300: 6 units
       - 301-350: 8 units
     - Over 350-Notify MD: 10 units
   - Will this be administered via an insulin pump? Routine

2. **insulin regular (NOVOLIN R) injection (MEDIUM DOSE SUB-Q SCALE)**
   - 3-15 Units, SubCutaneous, See admin instructions, Post-Procedure.
   - If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours.
   - **Blood Sugar [mg/dL]**
     - Medium Dose - Total Daily Dose
     - Dose 40 - 80 Units/Day
       - 150-200: 3 units
       - 201-250: 6 units
       - 251-300: 9 units
       - 301-350: 12 units
     - Over 350-Notify MD: 15 units
   - Will this be administered via an insulin pump? Routine
<table>
<thead>
<tr>
<th>Insulin Type</th>
<th>Dosage Range</th>
<th>Blood Sugar Range</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) insulin regular (NOVOLIN R) injection</td>
<td>4-18 U, SC</td>
<td>150-200: 4 units</td>
<td>Increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>201-250: 8 units</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>251-300: 11 units</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>301-350: 15 units</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Over 350-Notify MD: 18 units</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours.</td>
<td></td>
</tr>
</tbody>
</table>

**Physician Orders**

<table>
<thead>
<tr>
<th>Insulin Type</th>
<th>Dosage Range</th>
<th>Blood Sugar Range</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) insulin aspart (NovoLOG) injection</td>
<td>2-10 U, SC</td>
<td>Under 40 U: 2 units</td>
<td>Increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>150-200: 2 units</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>201-250: 4 units</td>
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<tr>
<td></td>
<td></td>
<td>251-300: 6 units</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>301-350: 8 units</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Over 350-Notify MD: 10 units</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours.</td>
<td></td>
</tr>
</tbody>
</table>

**PHYSICIAN ORDERS**
**Physician Orders**

<table>
<thead>
<tr>
<th>Insulin aspart (NovoLOG) injection (HIGH DOSE SUB-Q SCALE)</th>
<th>4-18 Units, SubCutaneous, As needed, high blood sugar, Post-Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increases correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours</td>
</tr>
<tr>
<td></td>
<td><strong>Blood Sugar [mg/dL]</strong></td>
</tr>
<tr>
<td></td>
<td>150-200</td>
</tr>
<tr>
<td></td>
<td>201-250</td>
</tr>
<tr>
<td></td>
<td>251-300</td>
</tr>
<tr>
<td></td>
<td>301-350</td>
</tr>
<tr>
<td></td>
<td>Over 350-Notify MD</td>
</tr>
<tr>
<td></td>
<td>Will this be administered via an insulin pump?</td>
</tr>
</tbody>
</table>

**Blood Pressure Management**

<table>
<thead>
<tr>
<th>Nicardipine (CARDENE) infusion</th>
<th>5 mg/hr, IntraVEnous, Titrated, Post-Procedure</th>
<th>For systolic blood pressure greater than _____ mmHg <strong>Required</strong> and diastolic blood pressure greater than _____ mmHg. <strong>Required</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Titrater to goal by increasing dose 2.5 mg/hr every 5 minutes to a maximum of 15 mg/hr. Once goal blood pressure is achieved, titrate rate to 3 mg/hour as tolerated. Requires PCU level of care.</td>
<td>Routine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phentylephrine (NEO-SYNEPHRINE) infusion 0.08 mg/mL - PYXIS</th>
<th>60 mcg/min, IntraVEnous, Titrated, Post-Procedure</th>
<th>For systolic blood pressure greater than _____ mmHg <strong>Required</strong> and diastolic blood pressure greater than _____ mmHg. <strong>Required</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Titrater to goal blood pressure by increasing dose by 10-20 mcg every 10 minutes to a maximum dose of 180 mcg/minute. Requires ICU level of care.</td>
<td>Routine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dopamine in D5W 400 mg/250 mL (1,600 mcg/mL) infusion</th>
<th>5 mcg/kg/min, IntraVEnous, Titrated, Post-Procedure</th>
<th>For systolic blood pressure greater than _____ mmHg <strong>Required</strong> and diastolic blood pressure greater than _____ mmHg. <strong>Required</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Titrater to goal blood pressure by increasing 5 mcg/kg/minute every 10 minutes to a maximum dose of 20 mg/kg/minute.</td>
<td>Routine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Norepinephrine (LEVOPHED) STANDARD infusion</th>
<th>2 mcg/min, IntraVEnous, Titrated, Post-Procedure</th>
<th>For systolic blood pressure greater than _____ mmHg <strong>Required</strong> and diastolic blood pressure greater than _____ mmHg. <strong>Required</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Titrater to desired blood pressure by increasing dose by 2-4 mcg/minute every 10 minutes to a maximum dose of 30 mcg/minute. Requires ICU level of care.</td>
<td>Routine</td>
</tr>
</tbody>
</table>

**Other Medications**

<table>
<thead>
<tr>
<th>Nurse may initiate OTC Pt Care Products</th>
<th>Routine, As needed, Starting today, Post-Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nimodipine 30 MG CAPSULE</td>
<td>Normal</td>
</tr>
</tbody>
</table>

**Anti-Epileptic**

<table>
<thead>
<tr>
<th>Fosphenytoin load and maintenance dosing</th>
<th>&quot;Followed by&quot; Linked Panel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fosphenytoin (CEREBYX) infusion</td>
<td>10 mg PE/kg, IntraVEnous, for 30 Minutes, Once, For 1 Doses, Routine</td>
</tr>
<tr>
<td>Dose: ________________________________</td>
<td><strong>Required</strong></td>
</tr>
</tbody>
</table>

**Provider Initial:**
Physician Orders

**Patient Information**

**Physician Orders**

- **fosphenytoin (CEREBYX) infusion**
  - 5 mg PE/kg/day, IntraVenous, for 15 Minutes, Every 12 hours, Routine

- **Pharmacy to dose fosphenytoin maintenance**
  - Routine, Once, Starting today

- **Phenytoin load and maintenance dosing**
  - **Followed by** Linked Panel
  - phenytoin (DILANTIN) IVPB
  - 10 mg/kg, IntraVenous, for 30 Minutes, Once, For 1 Doses, Routine

- **Phenytoin (DILANTIN) injection**
  - 5 mg/kg/day, IntraVenous, Every 12 hours, Routine

- **Pharmacy to dose phenytoin maintenance**
  - Routine, Once, Starting today

- **Levetiracetam (KEPPRA) IVPB**
  - 500 mg, IntraVenous, for 15 Minutes, Every 12 hours interval, Post-Procedure, Routine

**IV/IM Analgesia**

- Use of sedatives and narcotics should be avoided if possible.
- Note: Number those medications desired. The nurse will select #1 as the first medication to be given. If ineffective, #2 will be used next, and then #3, #4, etc. If orders are not numbered, the nurse will contact the prescriber for clarification.

- **Morphine injection**
  - 2-4 mg, IntraVenous, Every 1 hour PRN, pain, Post-Procedure
  - Pain option: ______________________ Required
  - Avoid use in renal dysfunction (serum creatinine greater than 2 mg/dL or patient on dialysis).

- **Hydromorphone (DILAUDID) injection 1 mg/mL**
  - IntraVenous, Every 1 hour PRN, severe pain, pain, Post-Procedure
  - Pain option: ______________________ Required
  - Administer IV or IM dose. Note: 1 mg hydromorphone=7mg morphine. Usual starting dose for hydromorphone is 0.2 -0.6 mg in opiate naive patients. Patients with prior opiate expose may tolerate higher initial dose.
  - Routine

- **Hydromorphone (DILAUDID) injection 1 mg/mL**
  - IntraMuscular, Every 3 hours PRN, severe pain, pain, Post-Procedure
  - Pain option: ______________________ Required
  - Administer IV or IM dose. Note: 1 mg hydromorphone=7mg morphine. Usual starting dose for hydromorphone is 0.2 -0.6 mg in opiate naive patients. Patients with prior opiate expose may tolerate higher initial dose.
  - Routine

**Anti-Inflammatory (Single Response)**

- **Ketorolac (TORADOL) injection**
  - 15 mg, IntraVenous, Every 6 hours PRN, moderate pain, pain, For 24 Hours, Post-Procedure
  - May use in patients age 65 and over, or weight less than 50 kg
  - Routine

- **Ketorolac (TORADOL) injection**
  - 30 mg, IntraVenous, Every 6 hours PRN, moderate pain, pain, For 24 Hours, Post-Procedure
  - Do not use in patients age 65 and over, or weight less than 50 kg
  - Routine

**Acid Reduction**

- **Famotidine (PEPCID) IV or ORAL Post-Procedure**
  - "Or" Linked Panel
  - Famotidine (PEPCID) IV syringe
  - 20 mg, IntraVenous, at 300 mL/hr, 2 times daily, Post-Procedure
  - IV or ORAL
  - Routine

  Famotidine (PEPCID) tablet
  - 20 mg, Oral, 2 times daily, Post-Procedure
  - IV or ORAL
  - Routine
### PHYSICIAN ORDERS

#### Antiemetics
- **Ondansetron (ZOFRAFAN)** 4 mg/2 mL injection
  - **Dosage:** 4-8 mg, IntraVenous, Every 6 hours PRN, nausea / vomiting, Post-Procedure
  - **PRN Comment:** __________________________ Required
  - **Post-Procedure**
  - **PRN Comment:** __________________________ Required
  - **Post-Procedure**
  - **Post-Procedure**
  - **PRN Comment:** __________________________ Required
  - If ondansetron is ineffective, discontinue ondansetron and give Promethazine (Phenergan)
  - **Routine**

- **Promethazine (PHENERGAN)** 25 mg/mL injection
  - **Dosage:** 12.5-25 mg, IntraVenous, Every 4 hours PRN, nausea / vomiting, Post-Procedure
  - **PRN Comment:** __________________________ Required
  - **Post-Procedure**
  - **PRN Comment:** __________________________ Required
  - **Routine**
  - **Post-Procedure**
  - **Routine**
  - **Post-Procedure**
  - **Routine**
  - **Post-Procedure**
  - **Routine**

#### Respiratory
- **Albuterol (PROVENTIL) nebulizer solution** 2.5 mg/3 mL
  - **Dosage:** 2.5 mg, Nebulization, Every 6 hours PRN, wheezing, Post-Procedure, Routine

#### Medications - AMB Orders - Post Discharge

##### Oral Analgesia - Discharge
- **Oxydodone-Acetaminophen 5 mg-325 mg Tablet**
  - **Dosage:** Print
- **Hydrocodone-Acetaminophen 5 mg-325 mg Tablet**
  - **Dosage:** Print
- **Acetaminophen 325 mg Tablet**
  - **Dosage:** Normal
- **Oxydodone 2.5 mg Tablet**
  - **Dosage:** Print

##### Acid Reduction - Discharge
- **Famotidine 20 mg Tablet**
  - **Dosage:** Normal

##### Anti-Platelet Agents - Discharge
- **Aspirin 81 mg Chewable Tablet**
  - **Dosage:** Normal
- **Aspirin 325 mg Tablet**
  - **Dosage:** Normal
- **Clopidogrel 75 mg Tablet**
  - **Dosage:** Normal

##### Statin Therapy - Discharge
- **Simvastatin:** If taking amiodarone, verapamil, or diltiazem chronically limit dose to 10 mg nightly; if taking amlodipine or ranolazine, limit dose to 20 mg nightly. If patient requires higher simvastatin dose, use rosuvastatin.

- **Simvastatin 10 mg Tablet**
  - **Dosage:** Normal
- **Simvastatin 20 mg Tablet**
  - **Dosage:** Normal
- **Simvastatin 40 mg Tablet**
  - **Dosage:** Normal
- **Rosuvastatin 10 mg Tablet**
  - **Dosage:** Normal

##### Bowel Management - Discharge
- **Docusate Sodium 100 mg Capsule**
  - **Dosage:** Normal
- **Magnesium Hydroxide 400 mg/5 mL Oral Susp**
  - **Dosage:** Normal
  - **Dispense:** __________________________ Required
  - **Refill:** __________________________ Required
- **Bisacodyl 10 mg Rectal Suppository**
  - **Dosage:** Normal
- **Sodium Phosphates 19 gram-7 gram/118 mL Enema**
  - **Dosage:** Normal
  - **Dispense:** __________________________ Required
Nicotine Replacement Therapy - Discharge

Nicotine Replacement therapy will be avoided if possible in patient with unstable acute coronary syndrome for 72 hours. After 72 hours if chest pain, arrhythmias, and/or blood pressure have stabilized, Nicotine replacement may be considered at ONE STEP below the calculated replacement dose. NOTE: 1/2 pack = 10 cigarettes

The nicotine products listed below may be used as monotherapy or in combination therapy. Combination therapy should include a nicotine patch plus either nicotine gum or nicotine lozenges.

### Smoking History

<table>
<thead>
<tr>
<th>Smoking History</th>
<th>Recommended Starting Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step down therapy after initial nicotine replacement for 6-7 weeks</td>
<td>Nicotine patch, 7mg</td>
</tr>
<tr>
<td>10 Cigarettes per Day or less, past history</td>
<td>Nicotine patch, 14 mg</td>
</tr>
<tr>
<td>Of cardiovascular disease, or weight under 45 kg</td>
<td></td>
</tr>
<tr>
<td>Heavy smokers (More than 10 cigarettes/day)</td>
<td>Nicotine patch, 21 mg</td>
</tr>
<tr>
<td>Smokeless tobacco users, pipe smokers or at patient request</td>
<td>Nicotine Gum, 2mg</td>
</tr>
</tbody>
</table>

Note to provider: Insulin requirements may change - monitor blood sugars. Topical Steroids and oral antihistamines may be recommended to treat less severe skin irritations.

<table>
<thead>
<tr>
<th>No Smoking while on nicotine replacement therapy</th>
<th>Routine, Clinic Performed, Post Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICOTINE 7 MG/24 HR DAILY PATCH</td>
<td>Normal</td>
</tr>
<tr>
<td>NICOTINE 14 MG/24 HR DAILY PATCH</td>
<td>Normal</td>
</tr>
<tr>
<td>NICOTINE 21 MG/24 HR DAILY PATCH</td>
<td>Normal</td>
</tr>
<tr>
<td>NICOTINE (POLACRILEX) 2 MG GUM</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Date:________ Time:________ Printed Name of Ordering Provider:________________________________________________________________

Provider Signature:___________________________________________________________________________

Date:________ Time:________ RN Acknowledged:__________________________________________________________________

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Provider Initial:__________________________

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