Drain Placement, Pleural/Abdominal Post Procedure Discharge  [30401897]

Height_____________________
Weight_____________________
Allergies____________________

This order set to be used for tunneled drain placements utilizing Pleurx

General - Prior to Discharge

Vital Signs

[ ] Frequent vital signs

Indication:
Q15 minutes x (# of occurrences): 4
Q30 minutes x (# of occurrences): 2
Q1 hour x (# of occurrences): 2
Q2 hours x (# of occurrences):
Q4 hours x (# of occurrences):
Then: Per unit routine
Post-Procedural, Until discontinued, Starting today

[X] Drain site check

Routine, Until discontinued, Starting today
Q15 minutes x (# of occurrences): 4
Q30 minutes x (# of occurrences): 2
Q1 hour x (# of occurrences): 2
Then: Per unit routine
Post-Procedural

[ ] Other

Activity

[ ] Activity as tolerated

Routine, Until discontinued, Starting today, Post-Procedural

[ ] Bed rest

Routine, Until discontinued, Starting today, Post-Procedural

[ ] Bed rest with bathroom privileges

Routine, Until discontinued, Starting today, Post-Procedural

[X] Bed rest

Routine, Until discontinued, Starting today
Number of hours: 3
Up with assistance only, Post-Procedural

[ ] Other

Diet

[ ] Advance diet as tolerated

Until discontinued, Starting today
Target Diet: __________________________ (Required)
Post-Procedural

[ ] Diet NPO

Diet effective now, Starting today
NPO Except:
Diet Comments: __________________________
Post-Procedural
### Nursing Interventions

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Nursing communication</td>
<td>Routine, Until discontinued, Starting today, Resume previous anticoagulant/antiplatelet medications.</td>
</tr>
<tr>
<td>[X] Change dressing</td>
<td>Routine, Every shift, Starting today&lt;br&gt;Note: every shift is a time component. Specify body part: __________________________ (Required)&lt;br&gt;Note: body part is a time component. Specify wound type: __________________________&lt;br&gt;Note: wound type is a time component. Dressing change instructions: __________________________&lt;br&gt;Note: time component. Keep dressing clean/dry; change with every drainage., Post-Procedure</td>
</tr>
<tr>
<td>[ ] Nursing communication</td>
<td>Routine, Until discontinued, Starting today, Schedule removal of insertion site sutures in 10 days., Post-Procedure</td>
</tr>
<tr>
<td>[ ] Nursing communication</td>
<td>Routine, Until discontinued, Starting today, Comments: Patient / caregiver to access drain in AM with assistance of qualified staff. Remove {number of liters ______ (Required) } liters. Post-Procedure</td>
</tr>
</tbody>
</table>
### Nursing Communication

Routine, Until discontinued, starting today, Patient can drain as needed for 'feelings of fullness/shortness of breath'.

Remove (number of liters: __________ (Required)) liters every (number of days: __________ (Required)) day(s). Stop drainage, immediately, if patient feels pain.

If less than (less than number: __________ (Required)) liters obtained, then increase interval between drainage by (increase number of days: __________ (Required)) day(s).

### Patient Education

Routine, Once, Starting today, Review instructional materials and do return demonstration of drainage with patient/caregiver(s), Post-Procedure

### Discharge Instructions - Post Procedure

- **Discharge instructions**
  - Routine, Once, Starting today, Discharge when discharge criteria is met, Post-Procedure
- **Other**
  - Routine, Once, Starting today, Post-Procedure

### General - AMB Orders - Post Discharge

#### Activity - Discharge

- **Activity as tolerated**
  - Routine, Clinic Performed, Post Discharge
- **Bed rest**
  - Routine, Clinic Performed, Post Discharge
- **Bed rest with bathroom privileges**
  - Routine, Clinic Performed, Post Discharge
- **Bed rest - Up with assistance only**
  - Routine, Clinic Performed, Post Discharge
- **Other**

#### Diet - Discharge

- **Advance diet as tolerated**
  - Routine, Hospital Performed, Post Discharge
- **Diet NPO**
  - Routine, Clinic Performed, Post Discharge
- **Diet General**
  - Routine, Clinic Performed, Post Discharge
- **Diet Cardiac**
  - Routine, Clinic Performed, Post Discharge
- **Diet Diabetic**
  - Routine, Clinic Performed, Post Discharge
- **Other**

#### Discharge Instructions

- **Discharge Instructions**
  - Routine, Clinic Performed, Post Discharge
  - Patient can drain as needed for 'feelings of fullness/shortness of breath'.
  - Remove (number of liters: __________ (Required)) liters every (number of days: __________ (Required)) day(s).
  - Stop drainage, immediately, if patient feels pain.
  - If less than (less than number: __________ (Required)) liters obtained, then increase interval between drainage by (increase number of days: __________ (Required)) day(s).
- **Change dressing**
  - Routine, Clinic Performed, Post Discharge
[] Schedule removal of insertion site sutures in 10 days  Routine, Clinic Performed, Post Discharge

[] Patient / caregiver to access drain in AM with assistance of qualified staff  Routine, Clinic Performed, Post Discharge

[X] Patient education - Drainage Instructions  Routine, Clinic Performed, Post Discharge

[X] Report any signs / symptoms of infections or problems  Routine, Clinic Performed, Post Discharge

[] Follow-up with Physician  Routine, Clinic Performed, Post Discharge

[] Discharge instructions  Routine, Clinic Performed, Post Discharge

[] Other

### IV Fluids - Prior to Discharge

#### IV Fluids

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[] Saline Lock and Flush Panel</td>
<td>10 mL, IntraCatheter, Every 8 hours, Post-Procedure, Routine</td>
</tr>
<tr>
<td>[] Saline lock IV</td>
<td>Routine, Continuous, Starting today, Post-Procedure</td>
</tr>
<tr>
<td>[X] lidocaine (XYLOCAINE) 1 % local injection</td>
<td>1-2 mL, IntraDermal, As needed, may use local anesthetic for IV access, Post-Procedu, Routine</td>
</tr>
<tr>
<td>[X] sodium chloride 0.9% (NS) infusion</td>
<td>100 mL/hr, IntraVENous, Continuous, Post-Procedu, Routine</td>
</tr>
<tr>
<td></td>
<td>Follow current IV with this. Discontinue IV fluids when taking adequate PO intake. Routine</td>
</tr>
<tr>
<td>[] dextrose 5 % and sodium chloride 0.45 % infusion</td>
<td>100 mL/hr, IntraVENous, Continuous, Post-Procedu, Routine</td>
</tr>
<tr>
<td></td>
<td>Follow current IV with this. Discontinue IV fluids when taking adequate PO intake. Routine</td>
</tr>
<tr>
<td>[] sodium chloride 0.9 % with KCl 20 mEq/L infusion</td>
<td>100 mL/hr, IntraVENous, Continuous, Post-Procedu, Routine</td>
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<td>Follow current IV with this. Discontinue IV fluids when taking adequate PO intake. Routine</td>
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[] Other

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Date/Time: __________________________ Printed Name of Ordering Provider: __________________________
Provider Signature: __________________________

Date/Time: ______________ RN Acknowledged: __________________________