Liver Biopsy, GI Post Procedure  [30400059]

| Height____________________ | Weight____________________ | Allergies____________________ |

**General**

**Level of Care**  [195028]

- [ ] Admit to Inpatient [ADT1]
  - Diagnosis: REQUIRED
  - Estimated length of stay:
  - Certification: I reasonably expect the patient will require inpatient services that span a period of time over two-midnights. (See Rationale Section in the order for options) Additional documentation will be found in progress notes and admission history and physical. Must be completed by Physician for Inpatient Admissions:
  - Rationale for Inpatient Admission:
  - Plans for post hospital care: See Discharge Summary/Progress Note
  - Level of Care:

- [ ] Refer to Observation [ADT12]
  - Diagnosis: REQUIRED
  - Monitor for:
  - Notify provider when:
  - Level of Care:

- [ ] Continue Outpatient Services (including extended recovery) [NUR151]
  - Outpatient Options:
  - Diagnosis:

**SAH, SCH, SFH, SJMC & Highline Code Status (Single Response) [217123]**

- ( ) Full code [COD2] REQUIRED
  - This code status was determined by:
  - Post-Procedural

- ( ) Full treatment WITH intubation but WITHOUT ACLS [COD3] REQUIRED
  - This code status was determined by:
  - Post-Procedural, - Initiate Code Blue for management of airway in the presence of a primary respiratory event
  - Therapeutic plan is otherwise unaltered
  - Transfer to critical care if indicated

Provider's Initial: ____________
<table>
<thead>
<tr>
<th>Code Status</th>
<th>Required Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full treatment WITHOUT intubation and WITHOUT ACLS [COD4]</td>
<td>This code status was determined by: Post-Procedure, - Do NOT initiate Code Blue - Therapeutic plan is otherwise unaltered - Transfer to critical care if indicated.</td>
</tr>
<tr>
<td>Comfort Care [COD1]</td>
<td>This code status was determined by: Post-Procedure, 1) Provider must complete comfort care orders #668 2) RN or designee to place a purple wristband on Patient 3) Do NOT initiate Code Blue 4) Do NOT transfer to higher level of care</td>
</tr>
<tr>
<td>Harrison Code Status (Single Response) [217124]</td>
<td></td>
</tr>
<tr>
<td>Full code [COD2]</td>
<td>This code status was determined by: Post-Procedure</td>
</tr>
<tr>
<td>Full treatment WITH intubation but WITHOUT ACLS [COD3]</td>
<td>This code status was determined by: Post-Procedure, - Initiate Code Blue for management of airway in the presence of a primary respiratory event - Therapeutic plan is otherwise unaltered - Transfer to critical care if indicated</td>
</tr>
<tr>
<td>Full treatment WITHOUT intubation but WITH ACLS [COD9]</td>
<td>This code status was determined by: Post-Procedure, - Initiate Code Blue for management of cardiac arrhythmias in the presence of a primary cardiac event - Therapeutic plan is otherwise unaltered - Transfer to critical care if indicated</td>
</tr>
<tr>
<td>Full treatment WITHOUT intubation and WITHOUT ACLS [COD4]</td>
<td>This code status was determined by: Post-Procedure, - Do NOT initiate Code Blue - Therapeutic plan is otherwise unaltered - Transfer to critical care if indicated.</td>
</tr>
<tr>
<td>Comfort Care [COD1]</td>
<td>This code status was determined by: Post-Procedure, 1) Provider must complete comfort care orders #668 2) RN or designee to place a purple wristband on Patient 3) Do NOT initiate Code Blue 4) Do NOT transfer to higher level of care</td>
</tr>
</tbody>
</table>

Provider’s Initial: ________
### Vital Signs [121601]

[X] Frequent vital signs [NUR2069]

<table>
<thead>
<tr>
<th>Occurrence Time</th>
<th>Occurrences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q15 minutes x</td>
<td>6</td>
</tr>
<tr>
<td>Q30 minutes x</td>
<td>4</td>
</tr>
<tr>
<td>Q1 hour x</td>
<td>1</td>
</tr>
</tbody>
</table>

Then: Per unit routine
Post-Procedure, Until discontinued, Starting S

### Notify Physician [121508]

[X] Notify physician for any changes in vital signs, pain, bleeding [NUR183]

Notify physician for any changes in vital signs, pain, bleeding. Routine, Until discontinued, Starting S

- Pulse greater than:
- Respiratory rate less than:
- Respiratory rate greater than:
- Temperature greater than (celsius):
- Urine output less than (mL/hr):
- Systolic BP greater than:
- Systolic BP less than:
- Diastolic BP greater than:
- Diastolic BP less than:
- Other:

Post-Procedure

### Activity [121497]

[ ] Bed rest on right side [NUR162]

Routine, Until discontinued, Starting S at 7:51 AM For 2 Hours, Post-Procedure

[ ] Position of comfort [NUR6]

Routine, Once, Starting S at 7:36 AM For 2 Hours With the following limitations: For 1st hour, sit supine at 45 degree angle., Post-Procedure

[X] Ambulate if stable after 4 hours [NUR10]

Routine, Every shift, Post-Procedure

### Diet [121510]

[ ] Diet NPO [DIET41]

Diet effective now, Starting S For 3 Hours

- NPO Except:
- Diet Comments:

Post-Procedure

[ ] Advance diet as tolerated [DNS10]

Once

- Target Diet: Diet Liquid

Post-Procedure

Provider's Initial: ________

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Liver Biopsy, GI Post Procedure
[30400059]
(4/19/16)

CHI Franciscan Health

PROVIDER ORDERS

PATIENT INFORMATION
**Nursing Treatment [121511]**

| [X] Discontinue IV/Saline Lock when tolerating PO fluids [NUR185] | Routine, Until discontinued, Starting S, Post-Procedure |
| [X] Check biopsy site [NUR185] | Routine, Until discontinued, Starting S, Every fifteen minutes times 6, then every 30 minutes times 4, then every 1 hour times 1, then every 2 hours until discharge., Post-Procedure |
| [X] Send Specimen to Pathology [NUR185] | Routine, Once For 1 Occurrences |

**Labs**

**Hematology [121514]**

| [] Hematocrit [LAB289] | STAT For 1 Occurrences, Post-Procedure |

**Discharge - AMB Orders - Post Discharge**

**Discharge Instructions - Post Discharge [121515]**

| [X] Discharge [NUR652] | Routine, Clinic Performed, Post-Procedure |
| [X] Standard Discharge form given to patient with modifications [NUR496] | Routine, Clinic Performed, Post-Procedure |
| [X] Office follow-up: [NUR651] | Routine, Clinic Performed, Post-Procedure |
| [X] Discharge instructions [NUR496] | Routine, Clinic Performed, Post-Procedure |