Myelogram, Post Procedure [30400538]

When patient returns to diagnostic imaging, begin the following

**Height**_____________________
**Weight**_____________________
**Allergies**____________________

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### General

**Level of Care** [195028]

- [ ] Admit to Inpatient [ADT1]
  
  **Diagnosis:**
  **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:**
  **Monitor for:**
  **Notify provider when:**
  **Level of Care:**

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

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

- [ ] Full code [COD2]
  
  This code status was determined by:
  **Post-Procedure**

- [ ] Full treatment WITH intubation but WITHOUT ACLS [COD3]
  
  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
<table>
<thead>
<tr>
<th>Code Status</th>
<th>Description</th>
<th>Required Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Comfort Care [COD1]</td>
<td>Full treatment WITHOUT intubation and WITHOUT ACLS</td>
<td>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>Comfort Care</td>
<td>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>Full code [COD2]</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>( ) Harrison Code Status (Single Response) [217124]</td>
<td>Full treatment WITH intubation but WITHOUT ACLS [COD3]</td>
<td>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>( ) Harrison Code Status (Single Response) [217124]</td>
<td>Full treatment WITHOUT intubation but WITH ACLS [COD9]</td>
<td>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>( ) Harrison Code Status (Single Response) [217124]</td>
<td>Full treatment WITHOUT intubation and WITHOUT ACLS [COD4]</td>
<td>Post-Procedure, - Do NOT initiate Code Blue, - Therapeutic plan is otherwise unaltered, - Transfer to critical care if indicated.</td>
</tr>
</tbody>
</table>
**Comfort Care [COD1]**

This code status was determined by:
Post-Procedural
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

Provider's Initial: 

**Vital Signs [121807]**

[X] Vital signs [NUR490]

Routine, Every 30 min, Upon return from Diagnostic Imaging, then every 30 minutes, Post-Procedure

**Notify Provider [121812]**

[X] Notify physician [NUR183]

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:
Notify Radiologist in Diagnostic Imaging who performed the procedure of severe headaches, seizures, unusual symptoms, or change in neurologic assessment., Post-Procedure

**Activity [121814]**

[X] Sit Upright [NUR130]

Routine, As needed, Keep patient sitting upright in chair of bed for one hour post procedure at 45-50 degrees. Avoid excessive movement for first hour post procedure., Post-Procedure

[X] Bathroom privileges [NUR158]

Routine, Until discontinued, Starting S, Post-Procedure

**Diet [121817]**
### PATIENT INFORMATION

**Diet General [DIET24]**
- Diet effective now, Starting S
- Select/Nonselect
- Additional Modifiers:
- Viscosity/Liquids:
- Texture:
- Fluid Restriction / day:
- Supplement:
- Diet Comments:

**Encourage fluids [NUR512]**
- Routine, Until discontinued, Starting S, At least 12 oz. per hour times 4 hours., Post-Procedure

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**Provider's Initial: __________**

**Nursing [121818]**

[X] **Neuro checks [NUR609]**
- Routine, Now then every 1 hour, With vital signs every hour, Post-Procedure

[X] **Saline lock IV [IVT11]**
- Routine, Continuous, When patient taking PO fluids., Post-Procedure

[X] **Discontinue IV [IVT10]**
- Routine, Continuous, When taking adequate PO fluids, Post-Procedure

**Education [121819]**

[X] **Provide patient education materials [NUR593]**
- Routine, Once, Review with patient post myelogram instruction sheet., Post-Procedure

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**IV Fluids**

**IV Fluids [408122447]**

[X] **sodium chloride 0.9% (NS) infusion [27838]**
- 75 mL/hr, IntraVEnous, Continuous, For 2 Hours, Post-Procedure

[X] **sodium chloride 0.9 % (NS) flush syringe [7319]**
- 2 mL, IntraVEnous, Every 8 hours interval, Post-Procedure

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**Medications**

- Do Not Give Phenothiazines

**Pain Medications [408122448]**
<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen (TYLENOL) tablet [101]</td>
<td>650 mg, Oral, Every 6 hours PRN, headaches, Post-Procedure</td>
</tr>
<tr>
<td>oxyCODONE-acetaminophen (PERCOCET) tablet 5-325 mg [5940]</td>
<td>1-2 tablet, Oral, Once as needed, severe pain, For 1 Doses, Post-Procedure</td>
</tr>
<tr>
<td>HYDROcodone-acetaminophen (VICODIN) tablet 5-325 mg [34505]</td>
<td>1-2 tablet, Oral, Once as needed, moderate pain, For 1 Doses, Post-Procedure</td>
</tr>
</tbody>
</table>