Liver Biopsy, Radiology Post Procedure  [30400631]

**General**

<table>
<thead>
<tr>
<th>Height____________________</th>
<th>Weight____________________</th>
<th>Allergies____________________</th>
</tr>
</thead>
</table>

**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:**

**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

**Provider's Initial:**

---

(2/22/16)
<table>
<thead>
<tr>
<th>Code Status</th>
<th>Full Treatment</th>
<th>Code Description</th>
</tr>
</thead>
</table>
| COD4        | WITHOUT intubation and WITHOUT ACLS | REQUIRED
- This code status was determined by: Post-Procedure,
- Do NOT initiate Code Blue
- Therapeutic plan is otherwise unaltered
- Transfer to critical care if indicated.

| COD1        | Comfort Care | REQUIRED
- 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

Harrison Code Status (Single Response) [217124]

<table>
<thead>
<tr>
<th>Code Status</th>
<th>Full Treatment</th>
<th>Code Description</th>
</tr>
</thead>
</table>
| COD2        | Full code | REQUIRED
- This code status was determined by: Post-Procedure

| COD3        | Full treatment WITH intubation but WITHOUT ACLS | REQUIRED
- 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

| COD9        | Full treatment WITHOUT intubation but WITH ACLS | REQUIRED
- 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

| COD4        | Full treatment WITHOUT intubation and WITHOUT ACLS | REQUIRED
- This code status was determined by: Post-Procedure,
- Do NOT initiate Code Blue
- Therapeutic plan is otherwise unaltered
- Transfer to critical care if indicated.

| COD1        | Comfort Care | REQUIRED
- 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

Provider's Initial: ______
### Vital Signs [121128]

<table>
<thead>
<tr>
<th>Vital signs [NUR2069]</th>
<th>Indication:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q15 minutes x (# of occurrences): 4</td>
</tr>
<tr>
<td></td>
<td>Q30 minutes x (# of occurrences): 2</td>
</tr>
<tr>
<td></td>
<td>Q1 hour x (# of occurrences): 4</td>
</tr>
<tr>
<td></td>
<td>Q2 hours x (# of occurrences):</td>
</tr>
<tr>
<td></td>
<td>Q4 hours x (# of occurrences):</td>
</tr>
<tr>
<td></td>
<td>Then: Per unit routine</td>
</tr>
<tr>
<td></td>
<td>Post-Procedure, Until discontinued, Starting S</td>
</tr>
</tbody>
</table>

### Activity [121803]

<table>
<thead>
<tr>
<th>Bed rest, prone then supine [NUR162]</th>
<th>Routine, Until discontinued, Starting S, Prone for 1 hours, then supine for 2 hours, then up with assistance,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed rest, right side then supine [NUR162]</td>
<td>Routine, Until discontinued, Starting S, Right side down for 1 hours, then supine for 2 hours, then up with assistance,</td>
</tr>
</tbody>
</table>

### Diet [127302]

<table>
<thead>
<tr>
<th>Diet as tolerated [DNS10]</th>
<th>Until discontinued, Starting S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Diet:</td>
<td>Unless otherwise ordered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diet General [DIET24]</th>
<th>Diet effective now, Starting S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select/Nonselect:</td>
<td></td>
</tr>
<tr>
<td>Additional Modifiers:</td>
<td></td>
</tr>
<tr>
<td>Viscosity/Liquids:</td>
<td></td>
</tr>
<tr>
<td>Texture:</td>
<td></td>
</tr>
<tr>
<td>Fluid Restriction / day:</td>
<td></td>
</tr>
<tr>
<td>Supplement:</td>
<td></td>
</tr>
<tr>
<td>Diet Comments:</td>
<td></td>
</tr>
<tr>
<td>Post-Procedure:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diet NPO [DIET41]</th>
<th>Diet effective now, Starting S</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPO Except:</td>
<td></td>
</tr>
<tr>
<td>Diet Comments:</td>
<td>Until swallow screen completed by nursing,</td>
</tr>
<tr>
<td>Post-Procedure:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diet NPO [DIET41]</th>
<th>Diet effective now, Starting S</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPO Except:</td>
<td></td>
</tr>
<tr>
<td>Diet Comments:</td>
<td></td>
</tr>
<tr>
<td>Post-Procedure:</td>
<td></td>
</tr>
</tbody>
</table>

**Provider's Initial: ___________**
Liver Biopsy, Radiology Post Procedure

**PATIENT INFORMATION**

- **Diet Cardiac [DIET44]**
  - Diet effective now, Starting S
  - Select/Nonselect: 
  - Additional Modifiers: 
  - Viscosity/Liquids: 
  - Texture: 
  - Fluid Restriction / day: 
  - Supplement: 
  - Diet Comments: 
  - Post-Procedure

**Nursing Assessments [121808]**

- [X] **Notify physician of bleeding [NUR195]**
  - Routine, Until discontinued, Starting S, Post-Procedure

- [X] **Observe puncture site with vital signs [NUR2069]**
  - Indication:
    - Q15 minutes x (# of occurrences):
    - Q30 minutes x (# of occurrences):
    - Q1 hour x (# of occurrences):
    - Q2 hours x (# of occurrences):
    - Q4 hours x (# of occurrences):
    - Then:
      - Post-Procedure, Until discontinued, Starting S

- [ ] **Orthostatic blood pressure [NUR478]**
  - Routine, Once, Prior to ambulation, Post-Procedure

- [X] **Discontinue saline lock IV prior to discharge [IVT11]**
  - Routine, Continuous, When patient taking PO fluids., Post-Procedure

**IV Fluids**

- **IV Fluids [136170]**

- [ ] **Discontinue IV Fluids [NUR185]**
  - Routine, Once For 1 Occurrences, When patient taking PO Fluids, Post-Procedure

**Discharge**

- **Discharge Instructions - Prior to Discharge [150059]**

- [ ] **Discharge Instructions [NUR496]**
  - Routine, Prior to discharge, Patient may be discharged when all discharge criteria are met and no complications noted, Post-Procedure

- [ ] **Discharge instructions [NUR496]**
  - Routine, Once, Post-Procedure

---

**DATE**

**TIME**

**ORDERING PROVIDER PRINT NAME**

**PROVIDER SIGNATURE**

**DATE**

**TIME**

**RN ACKNOWLEDGED**

---

**Page 4 of 4**

Liver Biopsy, Radiology Post Procedure [30400631]

(2/22/16)