Fistulagram and Fistula Intervention, Post Procedure

Height_____________________
Weight_____________________
Allergies____________________

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:

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: ___________
<table>
<thead>
<tr>
<th>Code Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>COD4</td>
<td>Full treatment WITHOUT intubation and WITHOUT ACLS. 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>COD1</td>
<td>Comfort Care. 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>COD2</td>
<td>Full code. This code status was determined by: Post-Procedure.</td>
</tr>
<tr>
<td>COD3</td>
<td>Full treatment WITH intubation but WITHOUT ACLS. 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>COD9</td>
<td>Full treatment WITHOUT intubation but WITH ACLS. 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>COD4</td>
<td>Full treatment WITHOUT intubation and WITHOUT ACLS. 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>
</tbody>
</table>

Provider's Initial: ___________
Comfort Care [COD1]  
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

Vital Signs [122124]
[X] Vital signs [NUR490]  
Routine, Every 4 hours, Post-Procedure

Activity [122123]
[X] Activity as tolerated [NUR129]  
Routine, Until discontinued, Starting S, Post-Procedure

Diet [122122]

[] Diet NPO - Until swallow screen completed by nursing [DIET41]  
Diet effective now, Starting S  
NPO Except:  
Diet Comments:  
Post-Procedure

[] Diet NPO [DIET41]  
Diet effective now, Starting S  
NPO Except:  
Diet Comments:  
Post-Procedure

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

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

Provider’s Initial:  

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Fistulagram and Fistula Intervention,  
Post Procedure  
[30400677]  
(2/23/16)  

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CHI Franciscan Health  
PROVIDER ORDERS  

PATIENT INFORMATION
Fistulagram and Fistula Intervention, Post Procedure

<table>
<thead>
<tr>
<th>Diet Diabetic [DIET16]</th>
<th>REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet effective now, Starting S</td>
<td>Diet, Diabetic:</td>
</tr>
<tr>
<td>Select/Nonselect:</td>
<td>Additional Modifiers:</td>
</tr>
<tr>
<td>Viscosity/Liquids:</td>
<td>Texture:</td>
</tr>
<tr>
<td>Fluid Restriction / day:</td>
<td>Supplement:</td>
</tr>
<tr>
<td>Diet Comments:</td>
<td>Post-Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diet Renal [DIET49]</th>
<th>REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet effective now, Starting S</td>
<td>Select/Nonselect:</td>
</tr>
<tr>
<td>Additional Modifiers:</td>
<td>Viscosity/Liquids:</td>
</tr>
<tr>
<td>Texture:</td>
<td>Fluid Restriction / day:</td>
</tr>
<tr>
<td>Diet Comments:</td>
<td>Post-Procedure</td>
</tr>
</tbody>
</table>

Nursing Interventions [122125]

<table>
<thead>
<tr>
<th>Nursing communication [NUR185]</th>
<th>Routine, Until discontinued, Starting S, Ok to dialyze., Post-Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing communication [NUR185]</td>
<td>Routine, Until discontinued, Starting S, Notify dialysis unit. Remove sutures in 3 days., Post-Procedure</td>
</tr>
</tbody>
</table>

IV Fluids

<table>
<thead>
<tr>
<th>IV Fluids [408124652]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saline lock IV [IVT11]</td>
</tr>
<tr>
<td>sodium chloride 0.9 % flush [7319]</td>
</tr>
</tbody>
</table>

DATE ___________ TIME ___________ ORDERING PROVIDER PRINT NAME ___________________________

PROVIDER SIGNATURE ___________________________

DATE ___________ TIME ___________ RN ACKNOWLEDGED ___________________________