

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/ Time last page

Diagnosis: _____

Allergies with reaction type: _____

Renal Biopsy-Postprocedure

Version 1 12/10/13

Patient Placement

Patient Status

- Outpatient with Observation service

Preferred Location/Unit

- Surgical
- Medical

Activity

- Bed rest STRICT for 6 hours; supine or lying on biopsy side HOB flat for 6 hours, may elevate head of bed 30 degrees to eat then bed rest with bathroom privileges
- Bed rest STRICT for 24 hours; supine HOB flat for 6 hours, may elevate head of bed 30 degrees to eat

Nursing Orders

- POST-OP VITAL SIGNS (every 15 minutes x 4; every 30 minutes x 2; every hour x 4) Then every 4 hours
- Notify provider for systolic blood pressure greater than 150 mmHg or less than 100 mmHg; heart rate greater than 100 or less than 60; temperature greater than 100 F; Gross hematuria; abdominal pain or if urine output is less than 250 milliliter in 8 hours
- Notify provider if hemoglobin drops more than 1 gm/dL from initial hemoglobin.
- Notify provider of Hemoglobin and Hematocrit results
- Save 10 milliliters of each void in separate specimen cups- label #1, #2, #3, etc
- Encourage fluids, at least 8 ounces (240 milliliter) every 6 hours
- Saline lock with saline flush every 8 hours

Diet

- Advance diet as tolerated to _____ if hematuria not present. If hematuria present do not advance past clear liquid diet

Medications

acetaminophen (TYLENOL)

- 650 milligram orally every 4 hours as needed for mild-to-moderate pain OR fever greater than 101 F

oxyCODONE-acetaminophen 5 mg-325 mg tab (PERCOCET)

- 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain

ondansetron (ZOFTRAN)

- 4-8 milligram intravenously every 6 hours as needed for nausea/vomiting

Laboratory

Hemoglobin and hematocrit

- 6 hours after biopsy, call results to provider

Morning Draw

- CBC/ NO DIFF
- Basic metabolic panel

Provider Signature: _____ Date: _____ Time: _____