

(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: _____

Thoracentesis-Postprocedure

Version 1 12/10/13

Nursing Orders

- Assess for bleeding at puncture site
- Post-procedure vital signs then per unit standard of care

Respiratory

- Oxygen Delivery RN/RT to Determine Titrage to maintain Oxygen saturation greater than 90%
- Pulse oximetry continuous during exam and x 8 hours post procedure

Radiology and Diagnostic Tests

XR Chest single

now Reason for exam: _____

XR Chest PA and Lateral

now Reason for exam: _____

Provider Signature: _____ Date: _____ Time: _____