(place patient label here)

Patient Name:_____

BENEFIS HEALTH SYSTEM
Benefis HOSPITALS

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:_____

VERTEBROPLASTY POSTOP **Version 5 08/04/2014**

1. Medications given during procedure:
   A. Versed_____
   B. Fentanyl_____
   C. _____
2. Monitor vital signs q 15 min. X 4, q 30 min. X 4, q 1 hr. 4, then routine.
3. Patient to lay flat X _____ hours, then up as tolerated with assistance (fall risk).
4. Diet: _____
5. May saline lock IV when taking fluids adequately.
6. May D/C foley when patient able to use bathroom.
7. Report any problems to Dr._____.
8. Obtain discharge orders from Dr. _____.
9. CT _____ post procedure.
10. PCA Morphine Sulfate _____ Meperidine_____.
11. Post procedure stay: _____ (3-23 hours).
12. Use slider board for transfer post-procedure (minimal movement).

_____

_____

Provider Signature:_____Date:_____Time:_____