



Oregon Health & Science University  
Hospitals and Clinics Provider's Orders

PO1500



**INR: RUPTURED ANEURYSM:  
POST EMBOLIZATION**

Page 1 of 5

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.**

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ kg

Diagnosis: \_\_\_\_\_

Service: \_\_\_\_\_ Attending: \_\_\_\_\_

**Admission**

- Admit to Inpatient
- Admit to Daypatient
- Place on Outpatient Observation Status – Hospital

**Attending Physician**

- Attending Provider: \_\_\_\_\_

**Procedure Performed**

- Procedure Performed: \_\_\_\_\_

**Code Status**

- Full Code
- Do Not Resuscitate/Do Not Intubate
- Limited Resuscitation
  - Closed Cardiac Massage:
  - Cardiac Defibrillation:
  - Endotracheal Intubation:
  - Pressors and Antiarrhythmics:
  - Bag Mask Valve Ventilation (Peds Only):

**Isolation**

- |   |                       |
|---|-----------------------|
| <input type="checkbox"/> Contact Isolation                  | Reason for Isolation: |
| <input type="checkbox"/> Modified Contact Isolation         | Reason for Isolation: |
| <input type="checkbox"/> Droplet Isolation                  | Reason for Isolation: |
| <input type="checkbox"/> Airborne Isolation                 | Reason for Isolation: |
| <input type="checkbox"/> Strict Isolation                   | Reason for Isolation: |
| <input type="checkbox"/> Neutropenic Protective Precautions | Reason for Isolation: |

**NURSING**

**General**

- Vital Signs Routine, PER POLICY/SOC
- Neurological Checks Routine, WITH VITAL SIGNS For 8 Hours  
Neurological checks – check for drift, fine bilateral finger movements, & vision of both eyes.
- Pulse Checks Routine, WITH VITAL SIGNS For 8 Hours  
Check distal pulses of accessed extremity with vitals

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Print Name: \_\_\_\_\_ Pager: \_\_\_\_\_



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- Monitor Puncture Site Routine, WITH VITAL SIGNS For 8 Hours  
Check puncture site for hematoma/bleeding.
- Oxygen Routine, CONTINUOUS  
Device preference:  
Rate in L/min:  
O2 to keep SPO2: 92  
FiO2:  
Titrate O2 for sat > 92%
- Notify MD Routine, CONTINUOUS  
SBP > 180 < 100  
DBP > 90 < 50  
Temp > 38.5 degrees C  
HR > 120 < 60  
SaO2 < 90 %  
RR > 30 < 10  
UOP > 200 mL/hr or < 30 mL/hr for 2 hrs
- Place and Maintain Sequential Compression Device Routine, CONTINUOUS When patient in bed

**Lines, Drains, Airways**

- Insert and Maintain Foley Catheter Routine, SEE COMMENTS:  
If patient has not voided within 6 hrs or patient is uncomfortable
- Maintain Ventriculostomy Routine, CONTINUOUS  
EVD Placement?  above brow  at brow  below brow  
cm above or below brow? 10 cm above brow

**Activity**

- Activity Level: Bedrest Routine, CONTINUOUS  
HOB Position: 30 Degrees  
HOB less than 30 degrees for \_\_\_\_\_hrs. Keep \_\_\_\_\_leg straight x \_\_\_\_\_hrs.

**Wound**

- Remove Dressing in AM Routine, ONCE

**NUTRITION**

**Diet**

- Diet Regular DIET EFFECTIVE NOW
- Diet Prudent (Sodium & Fat Modification) DIET EFFECTIVE NOW
- Diet Diabetic (Consistent Carbohydrate) DIET EFFECTIVE NOW
- Diet Clear Liquid DIET EFFECTIVE NOW

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- Diet Full Liquid DIET EFFECTIVE NOW
- Diet Renal DIET EFFECTIVE NOW
- NPO DIET EFFECTIVE NOW
- NPO except medications DIET EFFECTIVE NOW

**Diet Other**

- NPO after Midnight DIET EFFECTIVE MIDNIGHT
  - Advance Diet as Tolerated CONTINUOUS
- Starting diet: \_\_\_\_\_  
Goal diet: \_\_\_\_\_

**Tube Feeding** Please refer to GEN: ENTERAL FEEDING TUBE (PO-7296)

**IV FLUIDS**

**IV Access**

- Saline Lock Routine, ONCE
- Insert and Maintain IV Access Routine, CONTINUOUS

**Bolus IV Fluids**

- NaCl 0.9% (aka NS) IV bolus 250 mL, Intravenous, EVERY 2 HOURS AS NEEDED for CVP < 10

**Maintenance IV Fluids**

- dextrose 5%-NaCl 0.9% (aka D5NS) with KCL 20 mEq/L IV infusion  
150 mL/hr, Intravenous, CONTINUOUS
- intravenous fluids (without additives) \_\_\_\_\_ at \_\_\_\_\_ mL/hr  
Intravenous, CONTINUOUS
- intravenous fluids with potassium (KCL) \_\_\_\_\_ at \_\_\_\_\_ mL/hr  
Intravenous, CONTINUOUS

**LABS**

**CSF Draws**

- Culture, CSF Bacti & GS EVERY 48 HOURS, Cerebrospinal Fluid, MD will draw
- Cell Count Only, CSF EVERY 48 HOURS, MD will draw
- Glucose, CSF EVERY 48 HOURS, MD will draw
- Protein, CSF EVERY 48 HOURS, MD will draw

**AM Labs**

- Basic Metabolic Set DAILY
- CBC Only , DAILY

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**DIAGNOSTIC STUDIES**

**Diagnostic Studies**

- X-Ray Portable Chest 1 View Routine, DAILY  
Reason for Exam/Referral Diagnosis?:
- Vasc Lab Transcranial Doppler Comp Routine, DAILY

**MEDICATIONS**

**Bowel Care**

**DO NOT** use Adult Bowel Protocol for patients with intestinal obstruction, acute intestinal inflammation (e.g. Crohn's disease), colitis ulcerosa, appendicitis, acute abdominal pain, nausea or vomiting, pregnancy.

Link to Adult Bowel Protocol information: [http://ozone.ohsu.edu/healthsystem/HIS/Bowel\\_Protocol.pdf](http://ozone.ohsu.edu/healthsystem/HIS/Bowel_Protocol.pdf)

- Monitor per Adult Bowel Protocol Routine, CONTINUOUS
- senna 8.6 mg – docusate 50 mg (aka SENOKOT-S) PO 1 Tab, Oral, TWICE DAILY  
Hold for loose stool, Bristol type 6 or 7. Ensure adequate fluid intake
- senna 8.6 mg – docusate 50 mg (aka SENOKOT-S) PFT 1 Dose, Feeding Tube, TWICE DAILY  
Hold for loose stool, Bristol type 6 or 7. Ensure adequate fluid intake
- polyethylene glycol (aka MIRALAX) PO 17g, Oral, DAILY AS NEEDED if no BM in past 3 days.  
Dissolve packet contents in 8 ounces of water, Ensure adequate fluid intake.
- polyethylene glycol (aka MIRALAX) PFT 17g, Feeding Tube, DAILY AS NEEDED if no BM in past 3 days.  
Dissolve packet contents in 8 ounces of water, Ensure adequate fluid intake.
- bisacodyl (aka DULCOLAX) PR 10 mg, Rectal, TWICE DAILY AS NEEDED if no BM in past 3 days. Rectal medications are contraindicated in neutropenic patients
- tap water enema Routine, ONCE
- simethicone (aka MYLICON) PO 80 mg, Oral, THREE TIMES DAILY AS NEEDED for bloating  
CHEW tablets well before swallowing
- simethicone (aka MYLICON) PFT 80 mg, Feeding Tube, THREE TIMES DAILY AS NEEDED for bloating  
SHAKE WELL
- guar gum (aka BENEFIBER) PO 1 Packet, Oral, DAILY AS NEEDED for constipation, per bowel protocol  
Stir into 4-8 ounces of liquid or soft food. Stir well until dissolved.
- guar gum (aka BENEFIBER) PFT 1 Packet, Feeding Tube, DAILY AS NEEDED for constipation, per bowel protocol.  
Stir into 4-8 ounces of liquid or soft food. Stir well until dissolved.

**Tobacco Withdrawal**

See GEN: TOBACCO DEPENDENCE (PO-7290) if patient is a current tobacco user or has used tobacco in the last 12 months.

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**Other Medications**

- nimodipine (aka NIMOTOP) PO capsule 60 mg, Oral, EVERY 4 HOURS
- nimodipine (aka NIMOTOP) PFT capsule 60 mg, Feeding Tube, EVERY 4 HOURS  
When administering per feeding tube, follow with a flush of 30 mL NS
- ranitidine (aka ZANTAC) PO tablet 150 mg, Oral, TWICE DAILY Dose = \_\_\_\_\_mg/kg
- ranitidine (aka ZANTAC) PFT liquid 150 mg, Feeding Tube, TWICE DAILY

**GEN: ANALGESICS AND ANTIEMETICS: ADULT (PO-7217)**

See <http://ozone.ohsu.edu/healthsystem/HIS/po7217.pdf>

**GEN: PCA: ADULT (PO-1520)**

See <http://ozone.ohsu.edu/healthsystem/HIS/po1520.pdf>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Print Name: \_\_\_\_\_ Pager: \_\_\_\_\_