THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160 **PHYSICIAN'S ORDER FORM**	Do not write in this box DT0017	PATIENT LABEL

DATE & TIME	#	ORDERS DEPARTMENT OF GI/ENDOSCOPY & LIVER BIOPSY ORDERS
		Reference:
		PRE PROCEDURE ORDERS Admit as ☐ Outpatient ☐ Inpatient ☐ Same Day Admit ☐ S / P liver transplant Date of Procedure:_____ Primary Physician_____ Pager #_____ Attending Physician_____ Pager #_____ Fellow performing Exam_____ Pager #_____
	1.	Diet: NPO after midnight
	2.	Labs: CBC, PT / PTT and CHEM 12 Date / Time_____
	3.	☐ Abdominal sonogram prior to biopsy Date / Time_____
	4.	☐ Discontinue anticoagulant on_____ (date).
	5.	☐ Other
	6.	**DAY OF PROCEDURE ORDERS** Vital signs: Obtain baseline VS on admission to unit per Percutaneous Liver Biopsy Protocol. During procedure: q 5 minutes, unless conscious sedation is administered. Post procedure: q 15 minutes x 4, then q 30 minutes x 4, then q hour until dismissed.
	7.	Diet: NPO until procedure completed. Begin clear liquids two hours after completion of procedure Advance to _____ Diet.
	8.	Establish saline lock. ☐ IV Fluids:_____@
	9.	Activity: Strict bedrest on right side with HOB flat for 2 hours. Then strict bedrest for 2 hours. If vital signs stable BRP with assist until dismissed.
	10.	Medications:
	11.	Labs: ☐ STAT Liver biopsy Other_____ ☐ STAT CBC 4 hours after completion of biopsy. ☐ Call results of biopsy/labs to _____.
	12.	Notify physician of: a) Systolic blood pressure ± 20 mm Hg from baseline. b) Heart rate < 50 or > 120. c) Temperature > 38.5°C. d) Pain which radiates to back, abdomen or shoulder. e) Abdominal distention or obvious bleeding from site.
	13.	Notify_____prior to discharge

Physician Signature: _____ Pager: _____