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	#	DEPARTMENT OF RADIOLOGY SECTION OF VASCULAR AND INTERVENTIONAL RADIOLOGY POST ABCESS DRAINAGE ORDERS
		Reference: 2007 Society of Interventional Radiology.
		Allergies:_____ **Patient Weight:** _____**kg**
	1.	☐ **Admit to** _____ ☐ **Discharge** home at _____
	2.	**Activity:** Bedrest with BRP
	3.	**Diet:**
	4.	**Vital signs** • Check and record BP, HR, RR and entry site for bleeding every 15 min X 2, every 30 min X 4, every 60 min X 4, then every 4 hours if stable • Record temperature every 2 hours X 4, then every 4 hours if afebrile.
	5.	**Nursing** • Record output every shift. • Drainage catheter(s) to _____ • Irrigate catheter with 5 mL sterile NS every 8 hours. • Dry sterile dressing to drain site. Change 24 hours after drain placement then every 72 hours and prn when soiled.
	6.	**Labs** ☐ No follow up labs needed ☐ CBC w/diff in am
	7.	**IV Fluids** (continue for minimum of 24 hours) ☐ NS @ _____mL/hr X _____liter(s) ☐ Other _____ @ _____ mL/hr X _____liter(s)
	8.	**Medications** ☐ See Adult Anti-Infective Order Form
	9.	Notify Interventional Radiology (X6875) or page radiology resident on call after 5pm for changes in VS, temp > 38.5, bleeding at entry site, increased swelling or tenderness at entry site, or if drain becomes dislodged.

Physician Signature: _____ Pager: _____