

OUTPATIENT RENAL BIOPSY ADMISSION ORDERS

Patient Name: _____ Date of Admission: ____/____/____

Allergies: _____

Pre-Procedure Orders:

- Admit to Outpatient Procedure Center.
- Renal Biopsy is scheduled in Ultrasound or CT at _____ am/pm on ____/____/____.
- Activity:** As tolerated.
- Vital Signs:** Pre-Procedure: Upon admission then q4hrs. Call Physician for SBP > 160 or DBP > 100.
- IV:** Saline lock, then NS @ TKO for procedure.
- Labs:** Stat on admission if not already done: CBC, PT/INR, PTT, Renal Panel
- Type & Screen
- Hold Clot
- Diet:** NPO
- Obtain written consent** for ("Percutaneous Renal Biopsy"), or _____
- Instruct patient to empty bladder completely prior to transporting to Radiology Department.
- Pre-Biopsy Medications: _____
- Other: _____

Physician Signature: _____ Date: _____

Post – Procedure Orders:

- Transfer back to Outpatient Procedure Center in Supine position.
- Transfer to patient unit for overnight observation status.
- Notify on-call physician or radiologist** when patient is admitted to the floor.
- Nursing:**
 - a. Post- Procedure Vital Signs: q15 minutes X 8 (First 2 hours after biopsy), then q 30 min X 4 (next 2 hours), then q 60 min X 4 (next 4 hours), then q 4 thereafter.
 - b. Patient is not to lift anything over 5 pounds for the first 12 hours following procedure.
 - c. Notify Physician for SBP > 160 or DBP > 100.
 - e. Notify Physician for changes in the Hbg > 0.5 g/dl from the pre-procedure baseline.
 - f. Notify Physician for any change to urinary habits or evidence of gross hematuria.

Activity:

- Strict bed rest in supine position with head flat X 4hours.
 - Strict bed rest lying on affected biopsy side with head flat X 4hours.
 - May raise head of bed gradually thereafter to eat/drink. Patient should move only minimally until voiding clear without gross hematuria, (bed pan or urinal only).
 - Diet:** Encourage clear liquids. Advance to _____ diet once patient has clear urine without hematuria.
 - Labs:** CBC, UA with micro, Renal function panel @ _____. **Repeat** in 8 hrs.
- The **next am:** Notify Radiologist office (445-8146) with results. Notify Nephrologist with results.
- Notify Physician immediately if HR > 100, or SBP < 100, or temp > 100 degrees F.

Medications:

- Acetaminophen 650 mg PO Q 4 hours PRN for pain or fever.
- Percocet® (Oxycodone/Acetaminophen) 5/325 mg tab(s) _____ PO Q _____ hrs PRN for pain.
- Darvocet N-100, tab(s) _____ PO Q _____ hrs PRN for pain.

Other Medications:

- _____
- _____
- _____
- _____
- _____
- _____

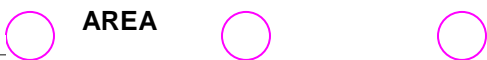
Discharge Instructions:

- Hold aspirin, Plavix, and all NSAID products for 3 days following biopsy.
- Continue other routine medications.
- Do not lift anything over 10 pounds for 3 days following procedure, no contact or collision sports for 7 days after biopsy.
- Percocet (5/325) 1tab PO q 4-6 hours PRN Pain # 15 (Fifteen), No refills.
- Patient is to schedule follow-up office visit with their primary Nephrologist 3-4 weeks after biopsy.

May discharge at _____ on ____/____/____ with post – biopsy discharge instructions.

_____/_____/_____
Physician Signature: _____ Date:

FORM NO (DATE)



PATIENT LABEL

Post Office Box 2168
Carson City, Nevada
89702-2168
775/445-8000

OUTPATIENT RENAL BIOPSY ADMISSION ORDERS