PHYSICIAN ORDER - THORACENTESIS PRE AND POST-CS

Thoracentesis Pre and Post – Convenience Set

Room No. _____

ALLERGIES (list reactions): HT _____(Cm) WT_____(Kg)

A ☑ Indicates a selected order. If a defaulted order is not appropriate or there is a change to an order, draw a line through the order and initial.

NURSING

☐ Obtain signed consent for ultrasound guided left thoracentesis
☐ Obtain signed consent for ultrasound guided right thoracentesis
☐ Obtain signed consent for large volume ultrasound guided left thoracentesis
☐ Obtain signed consent for large volume ultrasound guided right thoracentesis
☑ Observe for bleeding post thoracentesis

***All labs/diagnostics will be drawn/done routine now unless otherwise specified**

LABORATORY - Chemistry

☐ LDH serum
☐ Serum protein level

LABORATORY - Other Body Sources

☑ Lactate dehydrogenase (LDH), pleural fluid- Evidence
☑ Protein level, pleural fluid- Evidence
☑ Cholesterol, pleural fluid
☑ Cytology, pleural fluid Evidence
☐ pH, pleural fluid Evidence
☐ Glucose, pleural fluid Evidence
☐ Creatinine (CREF), pleural fluid

MICROBIOLOGY

☑ Culture with Gram Stain (BFC), pleural fluid Evidence
☑ Cell count with differential, pleural fluid- Evidence
☐ Acid-fast bacilli (AFBC) culture with smear, pleural fluid
☐ Miscellaneous Unlisted Lab Test: Acid-fast bacilli (AFB) by PCR, pleural fluid

DIAGNOSITICS- US

☐ Ultrasound (US) Thoracentesis; Reason for Exam: Pleural Effusion
☐Right ☐Left

12-hour Chart Check _____ RN DATE: ___ / ___ / ___ TIME: _____

T.O. _____ Taken by: _____ ___ / ___ / ___, TIME: _____

CPOE Entry By: _____ __ / __ / __, TIME: _____ NOTED BY: _____ __ / __ / __, TIME: _____

☐ Sent to Pharmacy _____ (INITIALS) DATE: _____ TIME: _____

PHYSICIAN SIGNATURE: _____ DATE:_____TIME: _____

PRINTED NAME/ID#: _____

(COUNTER-SIGN ALL T.O. ORDERS WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)