REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
DO NOT USE ABBREVIATIONS

DOCTORS ORDERS **POST FEM-O-STOP**	**CHECK OFF/ INITIALS**
If Fem-O-Stop is placed on the patient:	
1. Fem-O-Stop is to be used per policy for hemostasis maintaining initial pressure for about 1-3 minutes.	
2. Lower the pump pressure to a maintenance pressure until limb perfusion is restored and hemostasis is maintained.	
3. Continue maintenance pressure and gradually lower the pressure by 10-20mmHg every few minutes until zero or minimal pressure is achieved and there is no bleeding or hematoma formation.	
4. The Fem-O-Stop device will be left in place at minimal or zero pressure for 4 hours.	
Following application of Fem-O-Stop, assess patient every 5 minutes for 20 minutes, then every 15 minutes for one hour, then every 30 minutes for one hour, and then every hour. Assess and document time, inflation pressure, distal pulses, sensation, and presence or absence of hematoma or ecchymosis.	

Physician/Date/Time: _____ **Nurse/Date/Time:** _____ **Secretary/Date/Time:** _____

Full page of orders requires only one physician, one nurse and one clerical signature

Original to Patient's Chart **Fax to Pharmacy**