

INPATIENT INTERVENTIONAL RADIOLOGY NON-
SEDATION PLAN
- Phase: Intra-Procedure Orders

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Patient Position

- Supine
- Lying on Right Side
- Other
- Lying on Left Side
- Prone

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Other Medications

lidocaine (lidocaine 1% injectable solution)

- 10 mL, locally, inj, ONE TIME, x 12 hr

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



INPATIENT INTERVENTIONAL RADIOLOGY NON-
SEDATION PLAN
- Phase: Post-Procedure Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
Patient Care	
	Vital Signs <input type="checkbox"/> Per Unit Standards
	Patient Activity <input type="checkbox"/> Bed Position: As Tolerated, No restrictions <input type="checkbox"/> Bedrest <input type="checkbox"/> Keep splint on at all times <input type="checkbox"/> No pushing or pulling with arms <input type="checkbox"/> With assistance <input type="checkbox"/> Bed Position: As Tolerated <input type="checkbox"/> Exercise per OT/PT instructions <input type="checkbox"/> No restrictions <input type="checkbox"/> No straining or heavy lifting
Communication	
	Confirm Line Placement - Cleared for Use
	Notify Nurse (DO NOT USE FOR MEDS)
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	

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UMC Health System

Patient Label Here

INPATIENT INTERVENTIONAL RADIOLOGY NON-
SEDATION PLAN
- Phase: Pre-Procedure Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
Patient Care	
	Obtain Consent <input type="checkbox"/> If one is not present on chart today.
	Pre-Operative Warming Orders <input type="checkbox"/> ***See Reference Text***
	Vital Signs <input type="checkbox"/> Per Policy
POC by Nursing	
	POC Blood Sugar Check <input type="checkbox"/> STAT
	POC Urine Pregnancy <input type="checkbox"/> STAT
	POC PT with INR <input type="checkbox"/> STAT
IV Solutions	
	NS <input type="checkbox"/> IV, 150 mL/hr, x 12 hr
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	lidocaine topical (lidocaine 4% topical cream) <input type="checkbox"/> 1 app, topical, cream, Neck, ONE TIME
Respiratory	
	Oxygen Administration

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INPATIENT INTERVENTIONAL RADIOLOGY NON-
 SEDATION PLAN
 - Phase: INTERVENTIONAL RADIOLOGY PROCEDURES
 PROTOCOL PLAN

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
Patient Care	
Interventional Radiology Protocol <input type="checkbox"/> ***Reference Text***	
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	<p>Radial Access</p> <ul style="list-style-type: none"> - Hypoalbuminemia/Intravenous nutrient - Hypoproteinemic conditions associated with cirrhosis, malabsorption, protein losing enteropathies, pancreatic insufficiency and malnutrition <input type="checkbox"/> - Hypovolemia responsive to colloids - Ascites responsive to diuretics - Major trauma - Abdominal compartment syndrome - Acute or Chronic pancreatitis - Acute normovolemic hemodilution in surgery - Ovarian hyperstimulation syndrome 3,000 units, IVPush, inj, ONE TIME <p>Albumin Approved Indications 200 mcg, IVPush, inj, ONE TIME</p> <p>Ascites/Large volume paracentesis in patients with cirrhosis: <input type="checkbox"/> 2.5 mg, IVPush, inj, ONE TIME</p> <p>For ascites removal of greater than or equal to 5 liters. Administer albumin 25% (6-8 grams) for each liter of ascitic fluid removed. Crystalloids should be used for volume resuscitation for paracentesis less than 5 liters.</p> <p><input type="checkbox"/> 2,000 units, IVPush, inj, ONE TIME, Give 30 minutes into the case after verifying with provider that procedure will be ongoing.</p> <p>Port Placement</p> <p><input type="checkbox"/> 50 g, IVPB, ivpb, ONE TIME, Infuse over 2 hr, Ascites/Lrg vol paracentesis & cirrhosis Administer immediately AFTER paracentesis</p> <p>Plasmapheresis: 80 mg, topical, irrigation soln, ONE TIME</p> <p>For large volume plasma exchange of greater than 20 mL/kg in one session or repeated sessions. Replace volume of plasma removed with the infusion of the same volume of 5% albumin. <input type="checkbox"/> 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis</p> <p>For patients with penicillin allergy, administer clindamycin. <input type="checkbox"/></p> <p><input type="checkbox"/> 12.5 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Plasmapheresis</p> <p><input type="checkbox"/> 25 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Plasmapheresis</p> <p>Spontaneous Bacterial Peritonitis (SBP):</p> <p><input type="checkbox"/> 900 mg, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p> <p>For SBP, place BOTH of the following orders for albumin to be given on Day 1 (Max Dose = 150 g) and Day 3 (Max Dose = 100 g). 10 mL, locally, inj, ONE TIME</p> <p><input type="checkbox"/> 20 mL, locally, inj, ONE TIME <input type="checkbox"/></p> <p>Paracentesis</p> <p>albumin human (albumin human 25% intravenous solution)</p> <p><input type="checkbox"/> 25 g, IVPB, ivpb, as needed, PRN hypovolemia, Infuse over 1 hr, Ascites/Lrg vol paracentesis & cirrhosis 25 g albumin for every 5 liters of ascites fluid removed.</p> <p><input type="checkbox"/> 1.5 g/kg, IVPB, ivpb, ONE TIME, Max Dose = 150 g, Spontaneous Bacterial Peritonitis (SBP) To be given on Day 1. Max dose of 150 g.</p>

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INPATIENT INTERVENTIONAL RADIOLOGY NON-
SEDATION PLAN
- Phase: INTERVENTIONAL RADIOLOGY PROCEDURES
PROTOCOL PLAN

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>Y-90 Procedures</p> <p>NS</p> <p><input type="checkbox"/> IV, 150 mL/hr Start fluids on arrival to pre-op.</p> <p><input type="checkbox"/> 1 g/kg, IVPB, ivpb, ONE TIME, Max Dose = 100 g, Spontaneous Bacterial Peritonitis (SBP) To be given on Day 3. Max dose of 100 g.</p>
	<p>TACE Procedures</p> <p>For DIAGNOSIS of HRS - Lack of improvement in renal function after stopping diuretics and administration of albumin 1 g/kg (Max Dose = 100 g) daily for two consecutive days. <input type="checkbox"/> 10 mg, IVPush, inj, ONE TIME</p> <p>diphenhydrAMINE</p> <p><input type="checkbox"/> 50 mg, IVPush, inj, ONE TIME</p> <p><input type="checkbox"/> 1 g/kg, IVPB, ivpb, q24h, x 2 dose, Max Dose = 100 g, Type I Hepatorenal Syndrome (HRS) For diagnosis of Type 1 Hepatorenal Syndrome to be given on 2 consecutive days. Max dose is 100 g.</p>
	<p>For TREATMENT of Type I HRS - Beginning on Day 3, administer albumin 25% 25-50 g daily. Octreotide and midodrine should be ordered concomitantly with albumin. Stop albumin when octreotide and midodrine are no longer needed. <input type="checkbox"/></p> <p>cefTRIAxone</p> <p><input type="checkbox"/> 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis</p> <p><input type="checkbox"/> 25 g, IVPB, ivpb, q24h, Infuse over 1 hr, Type I Hepatorenal Syndrome (HRS) For Treatment of Type I HRS - Beginning on Day 3, administer albumin 25% 25-50 g daily. Octreotide and midodrine should be ordered concomitantly with albumin. Stop albumin when octreotide and midodrine are no longer needed.</p> <p><input type="checkbox"/> 50 g, IVPB, ivpb, q24h, Infuse over 2 hr, Type I Hepatorenal Syndrome (HRS) For Treatment of Type I HRS - Beginning on Day 3, administer albumin 25% 25-50 g daily. Octreotide and midodrine should be ordered concomitantly with albumin. Stop albumin when octreotide and midodrine are no longer needed.</p>
	<p>TIPS Procedure</p> <p>May give in patients with serum albumin less than 2.5 g/dL, if crystalloids alone fail to achieve adequate intravascular volume. May give daily until albumin is greater than or equal to 2.5 g/dL (up to 4 days). <input type="checkbox"/> 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis</p> <p>For patients with penicillin allergy, administer clindamycin + gentamicin. <input type="checkbox"/></p> <p><input type="checkbox"/> 25 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Major Hepatic Resection (>40% resected)</p> <p>Shock</p> <p><input type="checkbox"/> 900 mg, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p> <p>May use albumin after 4 L or more of crystalloid have been administered without desired response.</p> <p><input type="checkbox"/> 5 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis Dose based on Ideal Body Weight (IBW). If Actual Body Weight (ABW) is less than IBW then use ABW. IBW: Males: 50 Kg + (2.3 * every inch of height > 60") Females: 45.5 Kg + (2.3 * every inch of height > 60")</p> <p>Dose based on DOSING weight (DW) if ABW is >120% of IBW. DW = IBW + 0.4(ABW-IBW)</p> <p>Continued on next page....</p>

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ORDER	ORDER DETAILS
	<p>Nephrostomy Tube Placements and Exchanges 12.5 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Shock</p> <p>1. If routine exchange, nothing is required. <input type="checkbox"/></p> <p>2. If patient is already on antibiotics, continue those same antibiotics.</p> <p>3. If patient shows signs/symptoms of urosepsis such as tachycardia, tachypnea, fever, chills, decreased level of consciousness, and/or high WBC count, and is NOT already on antibiotics, order piperacillin/tazobactam 3.375 g IVPB.</p> <p><input type="checkbox"/> Approved for use after failure of diuretic alone.</p> <p><input type="checkbox"/> 3.375 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p> <p>albumin human (albumin human 25% intravenous solution)</p> <p><input type="checkbox"/> 25 g, IVPB, ivpb, q24h, x 7 days, Infuse over 1 hr, Acute Nephrosis</p>
	<p>Acute Lung Injury (ALI)/Acute Respiratory Distress Syndrome (ARDS)</p> <p>The combination of albumin and diuretics may be considered in patients with hypo-oncotic ALI/ARDS. May give up to 72 hours.</p> <p>albumin human (albumin human 25% intravenous solution)</p> <p><input type="checkbox"/> 25 g, IVPB, ivpb, q8h, x 3 dose, Infuse over 1 hr, ALI/ARDS</p>
	<p>Cerebral ischemia or hemorrhage as part of triple H therapy</p> <p>Crystalloid and colloid may be used to maintain normovolemia or hypervolemia as follows:</p> <p>Aneurysmal Subarachnoid Hemorrhage (SAH): Total fluids should be adjusted to maintain target CVP of 6 to 8 to decrease risk of vasospasm. If delayed vasospasm occurs, hypervolemia should be induced to maintain CVP goal of 8 to 12.</p> <p>For acute ischemic stroke or TIA, use albumin if there is evidence of flow failure.</p> <p>albumin human (albumin human 5% intravenous solution)</p> <p><input type="checkbox"/> 12.5 g, IVPB, ivpb, q2h, PRN other, CV ischemia/hemorrhage- triple H therapy To be administered as instructed by provider for maintaining volume status.</p>
	<p>Cardiac Surgery Postoperative Volume Resuscitation</p> <p>Replace volume as clinically indicated with 5% albumin in early post-op period (up to 3 hrs). If large volumes are required, change to normal saline after 1,500 mL of albumin have been given.</p> <p>albumin human (albumin human 5% intravenous solution)</p> <p><input type="checkbox"/> 12.5 g, IVPB, ivpb, q2h, PRN hypovolemia, Card Surg (post-op volume resuscitation) For volume up to _____ mL</p>
	<p>Thermal Injury</p> <p>Crystalloid solutions should be used for initial fluid resuscitation (within the first 24 hours). Colloids may be administered in conjunction with crystalloids if burn is greater than 50% BSA, 24 hours have passed since the burn occurrence, AND hypovolemia has not corrected with crystalloid alone. Initial dose of 25 grams of albumin (500 mL of 5% solution) is recommended; May be repeated one time.</p>

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ORDER	ORDER DETAILS
	<p>albumin human (albumin human 5% intravenous solution) <input type="checkbox"/> 12.5 g, IVPB, ivpb, q2h, PRN hypovolemia, x 4 dose, Thermal Injury</p>
	<p>Dialysis associated hypotension Albumin should only be used if fluid bolus fails or is contraindicated.</p> <p>albumin human (albumin human 25% intravenous solution) <input type="checkbox"/> 12.5 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Dialysis associated hypotension <input type="checkbox"/> 25 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Dialysis associated hypotension</p>
	<p>Other Indications If albumin is needed for an indication other than those listed, please identify it within the order comments field for indication on the order.</p> <p>albumin human (albumin human 5% intravenous solution) <input type="checkbox"/> 12.5 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Other <input type="checkbox"/> 25 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Other</p>
	<p>albumin human (albumin human 25% intravenous solution) <input type="checkbox"/> 12.5 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Other <input type="checkbox"/> 25 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Other</p>
Respiratory	
	<p>Lung Biopsy</p> <p>Oxygen (O2) Therapy <input type="checkbox"/> 2 L/min, Via: Nasal cannula, Upon Arrival to Pre Op until 2 Hour Post chest x-ray completed</p>
	<p>Oxygen (O2) Therapy <input type="checkbox"/> 100 % O2, Via: Nonrebreather mask, for pneumothorax until 2-hour post chest x-ray is completed</p>

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