

UMC Health System

Patient Label Here

INPATIENT INTERVENTIONAL RADIOLOGY SEDATION
PLAN
- Phase: History and Physical Documentation
Order

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

Sedation History and Physical Update

T;N

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System INPATIENT INTERVENTIONAL RADIOLOGY SEDATION PLAN - Phase: Intra-Procedure Orders	Patient Label Here
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	
Patient Position	
<input type="checkbox"/> Supine	<input type="checkbox"/> Lying on Left Side
<input type="checkbox"/> Lying on Right Side	<input type="checkbox"/> Prone
<input type="checkbox"/> Other	
Moderate Sedation Medications at Bedside	
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
Other Medications	
lidocaine (lidocaine 1% injectable solution)	
<input type="checkbox"/> 10 mL, locally, inj, ONE TIME	
Reversal Agent	
flumazenil	
<input type="checkbox"/> 0.2 mg, IVPush, inj, q1min, PRN excess sedation, x 12 hr	
naloxone	
<input type="checkbox"/> 0.2 mg, IVPush, inj, q2min, PRN bradypnea, x 12 hr	

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Physician Signature: _____ Date _____ Time _____



UMC Health System

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INPATIENT INTERVENTIONAL RADIOLOGY SEDATION
PLAN
- Phase: Medication Documentation

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

...Additional Orders

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Physician Signature: _____ Date _____ Time _____



UMC Health System INPATIENT INTERVENTIONAL RADIOLOGY SEDATION PLAN - Phase: Pre-Procedure Orders	Patient Label Here
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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.
	Vital Signs <input type="checkbox"/> Per Policy
	Insert Peripheral Line <input type="checkbox"/> T;N, Start IV on right side if left radial access is needed
	POC by Nursing
	POC Chem 8 <input type="checkbox"/> STAT
	POC Blood Sugar Check <input type="checkbox"/> STAT
	POC Hemoglobin and Hematocrit <input type="checkbox"/> STAT
	POC PT with INR <input type="checkbox"/> STAT
	Communication
	Misc Patient Care Order
	IV Solutions
	NS <input type="checkbox"/> IV, 150 mL/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, as needed, PRN other
	Laboratory
	CBC with Differential <input type="checkbox"/> STAT
	Prothrombin Time with INR (PT with INR) <input type="checkbox"/> STAT
	Urine Beta hCG <input type="checkbox"/> Urine, STAT
	Diagnostic Tests
	EKG-12 Lead <input type="checkbox"/> STAT, Pre-Procedure Exam
	DX Chest Portable <input type="checkbox"/> STAT, Pre-Procedure exam
	Respiratory
	Oxygen Administration

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INPATIENT INTERVENTIONAL RADIOLOGY 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

Reference Text

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INPATIENT INTERVENTIONAL RADIOLOGY SEDATION PLAN
- Phase: NURSING SEDATION MEDICATION DOCUMENTATION 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

Communication

This plan is for nursing documentation only.
This plan should only be entered by nurses for medication documentation following a procedure.

Procedural Sedation Medications Guidelin (Procedural Sedation Medications Guidelines)

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Physician Signature: _____ Date _____ Time _____



INPATIENT INTERVENTIONAL RADIOLOGY 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
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	Radial Access 25 mcg, IVPush, inj, OCTOR <input type="checkbox"/> 50 mcg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication. <input type="checkbox"/> 75 mcg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication. <input type="checkbox"/> 100 mcg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication. heparin <input type="checkbox"/> 3,000 units, IVPush, inj, ONE TIME <input type="checkbox"/> 0.5 mg, IVPush, inj, OCTOR <input type="checkbox"/> 1 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication. <input type="checkbox"/> 2 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.
	nitroGLYcerin <input type="checkbox"/> 200 mcg, IVPush, inj, ONE TIME <input type="checkbox"/> 2 mg, IVPush, inj, OCTOR <input type="checkbox"/> 4 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication. <input type="checkbox"/> 10 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.
	verapamil <input type="checkbox"/> 2.5 mg, IVPush, inj, ONE TIME <input type="checkbox"/> 0.5 mg, IVPush, inj, OCTOR <input type="checkbox"/> 1 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication. <input type="checkbox"/> 2 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.
	heparin <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. <input type="checkbox"/> 0.5 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication. <input type="checkbox"/> 2 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication. <input type="checkbox"/> 4 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication. <input type="checkbox"/> 5 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.
	Port Placement 25 mg, IVPush, inj, OCTOR
Sedatives	
	The Following Medications are for Deep Sedation Use Only <input type="checkbox"/> 80 mg, topical, irrigation soln, ONE TIME <input type="checkbox"/>

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INPATIENT INTERVENTIONAL RADIOLOGY 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>ceFAZolin</p> <p><input type="checkbox"/> 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 25 mcg, Slow IVPush, inj, OCTOR</p> <p><input type="checkbox"/> 50 mcg, Slow IVPush, inj, OCTOR</p> <p>For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.</p> <p><input type="checkbox"/> 100 mcg, Slow IVPush, inj, OCTOR</p> <p>For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.</p>
	<p>For patients with penicillin allergy, administer clindamycin. 5 mg, IVPush, inj, OCTOR</p> <p><input type="checkbox"/> 10 mg, IVPush, inj, OCTOR</p> <p>For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.</p> <p><input type="checkbox"/> 20 mg, IVPush, inj, OCTOR</p> <p>For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.</p> <p>clindamycin</p> <p><input type="checkbox"/> 900 mg, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p> <p><input type="checkbox"/> 50 mg, IVPush, inj, OCTOR</p> <p>For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.</p> <p><input type="checkbox"/> 100 mg, IVPush, inj, OCTOR</p> <p>For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.</p> <p><input type="checkbox"/> 200 mg, IVPush, inj, OCTOR</p> <p>For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.</p>
	<p>lidocaine-EPINEPHrine (lidocaine-EPINEPHrine 1%-1:100,000 injectable solution)</p> <p><input type="checkbox"/> 10 mL, locally, inj, ONE TIME <input type="checkbox"/> 10 mg, IVPush, inj, OCTOR</p> <p><input type="checkbox"/> 20 mL, locally, inj, ONE TIME <input type="checkbox"/> 20 mg, IVPush, inj, OCTOR</p> <p><input type="checkbox"/> 50 mg, IVPush, inj, OCTOR</p> <p>For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.</p> <p><input type="checkbox"/> 100 mg, IVPush, inj, OCTOR</p> <p>For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.</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</p> <p>25 g albumin for every 5 liters of ascites fluid removed.</p>
	<p>Y-90 Procedures</p> <p>NS</p> <p><input type="checkbox"/> IV, 150 mL/hr</p> <p>Start fluids on arrival to pre-op.</p>
	<p>TACE Procedures</p> <p>dexAMETHasone</p> <p><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>ondansetron</p> <p><input type="checkbox"/> 8 mg, IVPush, soln, ONE TIME</p>

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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
	cefTRIAxone <input type="checkbox"/> 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis
	TIPS Procedure cefTRIAxone <input type="checkbox"/> 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis
	For patients with penicillin allergy, administer clindamycin + gentamicin. clindamycin <input type="checkbox"/> 900 mg, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis
	gentamicin <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") Dose based on DOSING weight (DW) if ABW is >120% of IBW. DW = IBW + 0.4(ABW-IBW)
	Nephrostomy Tube Placements and Exchanges 1. If routine exchange, nothing is required. 2. If patient is already on antibiotics, continue those same antibiotics. 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. piperacillin-tazobactam (piperacillin-tazobactam 3.375 g/50 mL intravenous solution) <input type="checkbox"/> 3.375 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis
Respiratory	
	Lung Biopsy 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
	Oxygen (O2) Therapy <input type="checkbox"/> 100 % O2, Via: Nonrebreather mask, for pneumothorax until 2-hour post chest x-ray is completed

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