UMC Health System		Patient Label Here			
INPATIENT INTERVENTIONAL RADIOLOGY SEDATION		Ν			
- F Or	Phase: History and Physical Documentation der				
	PHYSICIA	N ORDERS			
Diagnos	is				
Weight	Allergies				
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	er detail box(es) where applicable.		
ORDER					
	Patient Care Sedation History and Physical Update				
∟ □ то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Taken by Signature: Date Time					
Physician 8	Physician Signature: Date Time				



	UMC Health System	Pa	tient Label Here
	PATIENT INTERVENTIONAL RADIOLOGY SEDATIC	N	
	_AN Phase: Intra-Procedure Orders		
	PHYSICIA		
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	Patient Position	Lying on Left Side	
	Lying on Right Side	Prone	
	Other		
	Moderate Sedation Medications at Bedside Medications		
	Medications Medication sentences are per dose. You will need to calculate a tot	tal daily dose if needed.	
	Other Medications		
	Iidocaine (lidocaine 1% injectable solution) 10 mL, locally, inj, ONE TIME		
	Reversal Agent		
	flumazenil 0.2 mg, IVPush, inj, q1min, PRN excess sedation, x 12 hr		
	naloxone □ 0.2 mg, IVPush, inj, q2min, PRN bradypnea, x 12 hr		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician	Signature:	Date	Time



UMC Health System			
INPATIENT INTERVENTIONAL RADIOLOGY SEDATIO			atient Label Here
PLAN - Phase: Medication Documentation			
		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS Additional Orders		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	on by Signature:	Date	Time
Physician Signature:		Date	Time



	UMC Health System	Pa	tient Label Here
IN	PATIENT INTERVENTIONAL RADIOLOGY SEDATIO		
PL	AN Phase: Post-Procedure Orders		
- F	Thase. Post-Procedure Orders		
	PHYSICIA		
	Place an "X" in the Orders column to designate orders of choice AN		er detail box(es) where applicable.
ORDER	-		
	Patient Care		
	Vital Signs Per Unit Standards		
	Patient Activity Up Ad Lib/Activity as Tolerated Bedrest, Bed Position: HOB Flat	Bedrest	
	Convert IV to INT		
	POC by Nursing		
	POC Blood Sugar Check		
	Communication		
	Confirm Line Placement - Cleared for Use (Cleared for Use - CVL)		
	Notify Nurse (DO NOT USE FOR MEDS)		
	Notify Nurse (DO NOT USE FOR MEDS) T;N, Okay to resume diet per primary team recommendation		
	Notify Provider of VS Parameters (Notify Provider if VS)		
	Diagnostic Tests		
	DX Chest Portable STAT, Post-Procedure exam		
∟ □ то			
	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time



	UMC Health System	Pa	atient Label Here	
	IPATIENT INTERVENTIONAL RADIOLOGY SEDATIO	Ν		
	_AN Phase: Pre-Procedure Orders			
	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Patient Care			
	Obtain Consent			
	Vital Signs			
	Insert Peripheral Line T;N, Start IV on right side If left radial access is needed			
	POC by Nursing			
	POC Chem 8			
	POC Blood Sugar Check			
	POC Hemoglobin and Hematocrit			
	POC PT with INR			
	Communication			
	Misc Patient Care Order			
	IV Solutions			
	NS □ IV, 150 mL/hr			
	Medications	al deily deep if readed		
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. lidocaine topical (lidocaine 4% topical cream)			
	1 app, topical, cream, as needed, PRN other			
	Laboratory			
	CBC with Differential			
	Prothrombin Time with INR (PT with INR)			
	Urine Beta hCG			
	Diagnostic Tests			
	EKG-12 Lead STAT, Pre-Procedure Exam			
	DX Chest Portable			
	Respiratory Oxygen Administration			
П то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
	Signature:			
	-			

	UMC Health System		
IN	PATIENT INTERVENTIONAL RADIOLOGY SEDATIO		itient Label Here
PL - F PF	_AN Phase: INTERVENTIONAL RADIOLOGY PROCEDURI ROTOCOL PLAN	s	
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	Interventional Radiology Protocol ***Reference Text***		
∟ □ то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Taba	n by Signature:	Date	Time
	Signature:		Time
i nysiciail s		Durt	· · · · · · ·



	UMC Health System		Patient Label Here	
IN	PATIENT INTERVENTIONAL RADIOLOGY SEDATIO			
PL - F D(AN Phase: NURSING SEDATION MEDICATION DCUMENTATION PLAN			
	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific o	rder detail box(es) where applicable.	
ORDER				
	Communication This plan is for nursing documentation only.			
	This plan should only be entered by nurses for medication documentation	n following a procedure		
	Procedural Sedation Medications Guidelin (Procedural Sedation Medications Guidelin)			
Пто	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician S	Physician Signature:			



UMC Health System		Detter til skal liere		
INPATIENT INTERVENTIONAL RADIOLOGY SEDATIO		-	tient Label Here	
– F	LAN Phase: INTERVENTIONAL RADIOLOGY PROCEDUR ROTOCOL PLAN	ES		
	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
UND EIN	Medications			
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.		
	Radial Access	25 mcg, IVPush, inj, OCT	OR	
	 50 mcg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this 75 mcg, IVPush, inj, OCTOR 	medication.		
	For Procedural Sedation Only. See INet for incremental dosing of this	s medication.		
	100 mcg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this	s medication.		
	heparin ☐ 3,000 units, IVPush, inj, ONE TIME ☐ 1 mg, IVPush, inj, OCTOR	0.5 mg, IVPush, inj, OCT	DR	
	For Procedural Sedation Only. See INet for incremental dosing of this 2 mg, IVPush, inj, OCTOR	s medication.		
	For Procedural Sedation Only. See INet for incremental dosing of this	s medication.		
	nitroGLYCerin ☐ 200 mcg, IVPush, inj, ONE TIME			
	4 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.			
	To mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.			
	verapamil			
	2.5 mg, IVPush, inj, ONE TIME 0.5 mg, IVPush, inj, OCTOR			
	For Procedural Sedation Only. See INet for incremental dosing of this 2 mg, IVPush, inj, OCTOR	s medication.		
	For Procedural Sedation Only. See INet for incremental dosing of this	s medication.		
	heparin 2,000 units, IVPush, inj, ONE TIME, Give 30 minutes into the case aff	ter verifying with provider that	procedure will be ongoing.	
	0.5 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this	s medication.		
	2 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this			
	4 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this			
	5 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this			
	Port Placement	25 mg, IVPush, inj, OCTC	R	
	Sedatives			
	The Following Medications are for Deep Sedation Use Only	80 mg, topical, irrigation s	oln, ONE TIME	
		-		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
Physician Signature:		Date	Time	
	e			



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INPATIENT INTERVENTIONAL RADIOLOGY SEDATION		Ν			
- Phase: INTERVENTIONAL RADIOLOGY PROCEDURE PROTOCOL PLAN		s			
	PHYSICIA				
Place an "X" in the Orde	ers column to designate orders of choice AN	D an "x" in the specific order de	tail box(es) where applicable.		
ORDER ORDER DETAILS					
ceFAZolin ☐ 1 g, IVPush, inj, ONE ☐ 50 mcg, Slow IVPush,	1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis				
For Deep Sedation Us 100 mcg, Slow IVPush	e Only. See INet for incremental dosing of this n, inj, OCTOR				
For Deep Sedation Us	e Only. See INet for incremental dosing of this	medication during procedural sed	ation.		
For patients with penicillin	n allergy, administer clindamycin. CTOR	5 mg, IVPush, inj, OCTOR			
	e Only. See INet for incremental dosing of this	nedication during procedural sed	ation.		
	e Only. See INet for incremental dosing of this	medication during procedural sed	ation.		
	NE TIME, Infuse over 30 min, Pre-OP/Post-Op	Dranhulavia			
50 mg, IVPush, inj, OC	TOR		- K		
100 mg, IVPush, inj, O					
For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation. 200 mg, IVPush, inj, OCTOR					
For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.					
Iidocaine-EPINEPHrine (lidocaine-EPINEPHrine 1%-1:100,000 injectable solution) 10 mL, locally, inj, ONE TIME 10 mL, locally, inj, ONE TIME					
20 mL, locally, inj, ONI	ETIME	□ 10 mg, IVPush, inj, OCTOR □ 20 mg, IVPush, inj, OCTOR			
50 mg, IVPush, inj, OCTOR For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.			ation.		
100 mg, IVPush, inj, OCTOR For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.					
Paracentesis					
	n human 25% intravenous solution)				
	eeded, PRN hypovolemia, Infuse over 1 hr, Asc 5 liters of ascites fluid removed.	ites/Lrg vol paracentesis & cirrhos	is		
Y-90 Procedures					
IV, 150 mL/hr Start fluids on arrival to	o pre-op.				
TACE Procedures					
dexAMETHasone	IE TIME				
diphenhydrAMINE	IE TIME				
ondansetron	NE TIME				
TO Read Back	C	Scanned Powerchart	Scanned PharmScan		
Order Taken by Signature:		Date	Time		
Physician Signature:		Date	Time		



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Patient Label Here

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	R ORDER DETAILS	-			
	cefTRIAXone 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis				
	TIPS Procedure				
	cefTRIAXone 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis For patients with penicillin allergy, administer clindamycin + gentamicin.				
	clindamycin 900 mg, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Pr	ophylaxis			
	gentamicin □ 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 intrave 	nous solution)			
	☐ 3.375 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis				
	Respiratory Lung Biopsy				
	Oxygen (O2) Therapy 2 L/min, Via: Nasal cannula, Upon Arrival to Pre Op until 2 Hour Post ch	est x-ray completed			
	Oxygen (O2) Therapy 100 % O2, Via: Nonrebreather mask, for pneumothorax until 2-hour pos	t chest x-ray is completed			
🗆 то	D Read Back	Scanned Powerchart	Scanned PharmScan		
Order Take	aken by Signature:	Date	Time		
Physician	n Signature:	Date	Time		

