

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>albumin human (albumin human 25% intravenous solution)</p> <p><input type="checkbox"/> 12.5 g, IVPB, ivpb, as needed, PRN hypovolemia, Infuse over 30 min, For LESS THAN OR EQUAL TO 5L paracentesis, Ascites/Lrg vol paracentesis & cirrhosis</p> <p><input type="checkbox"/> 25 g, IVPB, ivpb, as needed, PRN hypovolemia, hr, Infuse over 1 hr, For Paracentesis 5.1L-6.9L, Ascites/Lrg vol paracentesis & cirrhosis</p> <p><input type="checkbox"/> 37.5 g, IVPB, ivpb, as needed, PRN hypovolemia, hr, Infuse over 90 min, For Paracentesis 7.0L-8.9L, Ascites/Lrg vol paracentesis & cirrhosis</p> <p><input type="checkbox"/> 50 g, IVPB, ivpb, as needed, PRN hypovolemia, hr, Infuse over 2 hr, For Paracentesis OVER OR EQUAL to 9L, Ascites/Lrg vol paracentesis & cirrhosis</p>
Port Placement/Removal	
	<p>gentamicin (gentamicin 80 mg/50 mL irrigation)</p> <p><input type="checkbox"/> 80 mg, topical, irrigation soln, ONE TIME</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"/> 20 mL, locally, inj, ONE TIME</p>
	<p>ceFAZolin</p> <p><input type="checkbox"/> 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis</p>
	<p>For patients with penicillin allergy, administer clindamycin.</p> <p>clindamycin</p> <p><input type="checkbox"/> 900 mg, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p>
Sphenopalatine Ganglion Block	
	<p>oxymetazoline nasal (oxymetazoline 0.05% nasal spray)</p> <p><input type="checkbox"/> 1 spray, intra-nasal, nasal spray, ONE TIME</p> <p>Administer with Cetacaine spray just prior to moving to procedure room.</p>
	<p>benzocaine-butamben-tetracaine topical (benzocaine-butamben-tetracaine 14%-2%-2% mucous membrane aerosol)</p> <p><input type="checkbox"/> 1 spray, intra-nasal, spray, ONE TIME</p> <p>Administer with oxymetazoline spray just prior to moving to procedure room.</p>
	<p>iohexol (Omnipaque 300)</p> <p><input type="checkbox"/> 50 mL, AsDir, soln, ONE TIME, 2-3 mL to be used during procedure.</p>
	<p>lidocaine (lidocaine 2% preservative-free injectable solution)</p> <p><input type="checkbox"/> 5 mL, locally, inj, ONE TIME, 2-3 mL to be used during procedure.</p>
TIPS Procedure	
	<p>cefTRIAxone</p> <p><input type="checkbox"/> 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis</p>
	<p>For patients with penicillin allergy, administer clindamycin + gentamicin.</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>gentamicin</p>

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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	<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)
Y-90 Injection/TACE/Bland Embolization	
	dexAMETHasone <input type="checkbox"/> 10 mg, IVPush, inj, ONE TIME
	diphenhydrAMINE <input type="checkbox"/> 50 mg, IVPush, inj, ONE TIME
	ondansetron <input type="checkbox"/> 8 mg, IVPush, soln, ONE TIME
	cefTRIAxone <input type="checkbox"/> 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis
	acetaminophen <input type="checkbox"/> 500 mg, PO, tab, ONE TIME
	celecoxib <input type="checkbox"/> 100 mg, PO, cap, ONE TIME
	traMADol <input type="checkbox"/> 50 mg, PO, tab, ONE TIME
Y-90 Mapping/Injection	
	NS <input type="checkbox"/> IV, 150 mL/hr Start fluids on arrival to pre-op.
Respiratory	
Lung Biopsy	
	Oxygen Administration <input type="checkbox"/> 2 L/min, Via: Nasal cannula, Upon Arrival to Pre Op until 2 Hour Post chest x-ray completed
	Continue Nasal Cannula @ 2L post op if NO pneumo until 2hr CXR completed Place face mask on patient during and post biopsy Oxygen Administration <input type="checkbox"/> 100 % O2, Via: Nonrebreather mask, for pneumothorax until 2-hour post chest x-ray is completed
	IF PT RECEIVES CHEST TUBE: Chest tube should be connected to -20cmH2O suction and pt will be admitted at provider discretion Maintain Chest Tube <input type="checkbox"/> T;N, Device: Dry

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