

<b>UMC Health System</b>  <b>OUTPATIENT INTERVENTIONAL RADIOLOGY NON-          SEDATION PLAN</b> - Phase: Discharge Orders	<b>Patient Label Here</b>
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**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**

**Admit/Discharge/Transfer**

**General**

**Discharge Patient (Outpatient)**

**Discharge Condition**  
 Discharge Condition: Improved  Discharge Condition: Stable  
 Discharge Condition: Fair

**Discharge Disposition**  
 Discharge To: Home  Discharge To: Home with Home Health  
 Discharge To: SNF  Discharge To: Nursing Home - Intermediate Care  
 Discharge To: Home with Hospice  Discharge To: Long term care  
 Discharge To: TDCJ or any other jail

**Discharge Instructions**

**Diet**

**Discharge Diet**  
 Diet: Resume pre-hospital diet  Diet: ADA  
 Diet: AHA  Diet: Low sodium (Less than 2 grams)  
 Diet: Regular  Diet: Renal

**Activity**

**Discharge Activity/Activity Precautions**  
 Activity: As tolerated | No restrictions  Activity: As tolerated  
 Activity: Bed rest  Activity: Exercise per OT/PT instructions  
 Activity: Keep splint on at all times  Activity: No restrictions  
 Activity: No pushing or pulling with arms  Activity: No straining or heavy lifting  
 Activity: With assistance

**Discharge Lifting Instructions**

**Discharge Bathing Instructions**

**Discharge Driving Instructions**

**Line, Drain, and Wound Care**

**Discharge Open Wound Care Instructions**

**Discharge Closed Surgical Site Care Inst (Discharge Closed Surgical Site Care Instructions)**

**Discharge Foley/Nephrostomy Care Instruc (Discharge Foley/Nephrostomy Care Instructions)**

**Follow Up**

**Discharge Follow-up Diagnostic Procedure (Discharge Follow-up Diagnostic Procedures)**

**Discharge Follow-up Appointment**

**Communication**

**Patient May Return to Work/School**

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 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



OUTPATIENT INTERVENTIONAL RADIOLOGY NON-  
SEDATION PLAN  
- Phase: Intra-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

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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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



OUTPATIENT 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
<b>Patient Care</b>	
	<b>Convert IV to INT</b>
	<b>Discontinue Peripheral Line</b>
	<b>Patient Activity</b> <input type="checkbox"/> Up Ad Lib/Activity as Tolerated <input type="checkbox"/> Bedrest <input type="checkbox"/> Bedrest, Bed Position: HOB Flat
	<b>Vital Signs</b> <input type="checkbox"/> Per Unit Standards
<b>Communication</b>	
	<p>***Code Status must be declared post operatively as the patient has had a change in the level of care***</p> <b>Code Status</b> <input type="checkbox"/> Code Status: Full Code <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death) <input type="checkbox"/> Code Status: Directive to Physician
<b>Medications</b>	
	<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



OUTPATIENT 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
	<b>Admit/Discharge/Transfer</b>
	Request for Outpatient Services (Request Outpatient Services) <input type="checkbox"/> Location: Interventional Radiology
	<b>Patient Care</b>
	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
	Insert Peripheral Line <input type="checkbox"/> T;N
	<b>POC by Nursing</b>
	POC Blood Sugar Check <input type="checkbox"/> STAT
	POC Urine Pregnancy <input type="checkbox"/> STAT
	POC PT with INR <input type="checkbox"/> STAT
	<b>Communication</b>
	Code Status <input type="checkbox"/> Code Status: Full Code <input type="checkbox"/> Code Status: Directive to Physician <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death)
	<b>IV Solutions</b>
	NS <input type="checkbox"/> IV, 150 mL/hr, x 12 hr
	<b>Medications</b>
	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
	<b>Laboratory</b>
	CBC <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No
	CBC with Differential <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No
	Basic Metabolic Panel <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No
	Prothrombin Time with INR <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No
	PTT <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No

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OUTPATIENT 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.

Respiratory

Oxygen Administration

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OUTPATIENT 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

\*\*\*Reference Text\*\*\*

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OUTPATIENT INTERVENTIONAL RADIOLOGY NON-  
SEDATION PLAN  
- Phase: ALBUMIN 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
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	Albumin Unapproved Indications <input type="checkbox"/> 1 app, topical, gel, ONE TIME, Place Lidocaine Jelly 2% to G/ GJJ Tube site in holding  - 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 <span style="float: right;">1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis</span>
<b>Kyphoplasty</b>	
	For patients with penicillin allergy, administer clindamycin.  Ascites/Large volume paracentesis in patients with cirrhosis: <input type="checkbox"/> 900 mg, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis
<b>Nephrostomy Tube</b>	
	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.  <b>piperacillin-tazobactam (piperacillin-tazobactam 3.375 g/50 mL intravenous solution)</b> <input type="checkbox"/> 3.375 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 50 g, IVPB, ivpb, ONE TIME, Infuse over 2 hr, Ascites/Lrg vol paracentesis & cirrhosis Administer immediately AFTER paracentesis
	Plasmapheresis: <input type="checkbox"/> 1 app, topical, cream, Left Wrist, ONE TIME, Apply after checking Barbeau test  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. <span style="float: right;">3,000 units, intra-arterial push, inj, ONE TIME</span>
<b>Radial Access</b>	
	<b>nitroGLYcerin</b> <input type="checkbox"/> 200 mcg, intra-arterial push, inj, ONE TIME <input type="checkbox"/> 12.5 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Plasmapheresis <input type="checkbox"/> 25 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Plasmapheresis
	Spontaneous Bacterial Peritonitis (SBP): <span style="float: right;">2.5 mg, intra-arterial push, inj, ONE TIME</span>  <input type="checkbox"/>

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OUTPATIENT INTERVENTIONAL RADIOLOGY NON-  
SEDATION PLAN  
- Phase: ALBUMIN 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>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).</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>For Day 1:</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 &amp; 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 &amp; 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 &amp; 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 &amp; cirrhosis</p>
<b>Port Placement/Removal</b>	
	<p><b>gentamicin (gentamicin 80 mg/50 mL irrigation)</b></p> <p><input type="checkbox"/> 80 mg, topical, irrigation soln, ONE TIME</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>
	<p>For Day 3: <span style="float: right;">10 mL, locally, inj, ONE TIME</span></p> <p><input type="checkbox"/> 20 mL, locally, inj, ONE TIME <span style="float: right;"><input type="checkbox"/></span></p> <p><b>ceFAZolin</b></p> <p><input type="checkbox"/> 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis</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>For patients with penicillin allergy, administer clindamycin.</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.</p> <p><input type="checkbox"/> 900 mg, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p>
<b>Sphenopalatine Ganglion Block</b>	
	<p><b>oxymetazoline nasal (oxymetazoline 0.05% nasal spray)</b></p> <p><input type="checkbox"/> 1 spray, intra-nasal, nasal spray, ONE TIME Administer with Cetacaine spray just prior to moving to procedure room.</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>Continued on next page....</p>

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OUTPATIENT INTERVENTIONAL RADIOLOGY NON-  
SEDATION PLAN  
- Phase: ALBUMIN 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>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"/> <b>iohexol (Omnipaque 300)</b></p> <p><input type="checkbox"/> 50 mL, AsDir, soln, ONE TIME, 2-3 mL to be used during procedure.</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>Major Hepatic Resection (greater than 40% resected):</p> <p><input type="checkbox"/> 5 mL, locally, inj, ONE TIME, 2-3 mL to be used during 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).</p>
<b>TIPS Procedure</b>	
	<p>For patients with penicillin allergy, administer clindamycin + gentamicin.</p> <p><input type="checkbox"/> 25 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Major Hepatic Resection (&gt;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 &gt; 60") Females: 45.5 Kg + (2.3 * every inch of height &gt; 60")</p> <p>Dose based on DOSING weight (DW) if ABW is &gt;120% of IBW. DW = IBW + 0.4(ABW-IBW)</p>
<b>Y-90 Injection/TACE/Bland Embolization</b>	
	<p><b>dexAMETHasone</b></p> <p><input type="checkbox"/> 10 mg, IVPush, inj, ONE TIME</p> <p><input type="checkbox"/> 12.5 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Shock</p>
	<p>Acute Nephrosis</p> <p>Approved for use after failure of diuretic alone.</p> <p><input type="checkbox"/> 50 mg, IVPush, inj, ONE TIME</p> <p><input type="checkbox"/> 8 mg, IVPush, soln, ONE TIME</p> <p><b>cefTRIAxone</b></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, x 7 days, Infuse over 1 hr, Acute Nephrosis</p>
	<p>Acute Lung Injury (ALI)/Acute Respiratory Distress Syndrome (ARDS)</p> <p><input type="checkbox"/> 500 mg, PO, tab, ONE TIME</p>

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OUTPATIENT INTERVENTIONAL RADIOLOGY NON-  
SEDATION PLAN  
- Phase: ALBUMIN 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>The combination of albumin and diuretics may be considered in patients with hypo-oncotic ALI/ARDS. May give up to 72 hours.</p> <p style="text-align: right;">100 mg, PO, cap, ONE TIME</p> <p><b>traMADol</b> <input type="checkbox"/></p> <p><input type="checkbox"/> 50 mg, PO, tab, ONE TIME <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 IV, 150 mL/hr</p> <p>Crystalloid and colloid may be used to maintain normovolemia or hypervolemia as follows: <input type="checkbox"/></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><b>albumin human (albumin human 5% intravenous solution)</b></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><b>albumin human (albumin human 5% intravenous solution)</b></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> <p><b>albumin human (albumin human 5% intravenous solution)</b></p> <p><input type="checkbox"/> 12.5 g, IVPB, ivpb, q2h, PRN hypovolemia, x 4 dose, Thermal Injury</p>
	<p>Dialysis associated hypotension</p> <p>Albumin should only be used if fluid bolus fails or is contraindicated.</p> <p><b>albumin human (albumin human 25% intravenous solution)</b></p> <p><input type="checkbox"/> 12.5 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Dialysis associated hypotension</p> <p><input type="checkbox"/> 25 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Dialysis associated hypotension</p>
	<p>Other Indications</p> <p>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><b>albumin human (albumin human 5% intravenous solution)</b></p> <p><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>

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Patient Label Here

OUTPATIENT INTERVENTIONAL RADIOLOGY NON-  
SEDATION PLAN  
- Phase: ALBUMIN 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
	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

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<p><b>UMC Health System</b></p> <p>OUTPATIENT INTERVENTIONAL RADIOLOGY NON- SEDATION PLAN - Phase: INTERVENTIONAL RADIOLOGY PROCEDURES PROTOCOL PLAN</p>	<p>Patient Label Here</p>
<b>PHYSICIAN ORDERS</b>	
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.	
<b>ORDER</b>	<b>ORDER DETAILS</b>
<b>Respiratory</b>	
<b>Lung Biopsy</b>	
	<p><b>Oxygen Administration</b></p> <p><input type="checkbox"/> 2 L/min, Via: Nasal cannula, Upon Arrival to Pre Op until 2 Hour Post chest x-ray completed</p>
	<p>Continue Nasal Cannula @ 2L post op if NO pneumo until 2hr CXR completed</p> <p>Place face mask on patient during and post biopsy</p> <p><b>Oxygen Administration</b></p> <p><input type="checkbox"/> 100 % O2, Via: Nonrebreather mask, for pneumothorax until 2-hour post chest x-ray is completed</p>
	<p>IF PT RECEIVES CHEST TUBE: Chest tube should be connected to -20cmH2O suction and pt will be admitted at provider discretion</p> <p><b>Maintain Chest Tube</b></p> <p><input type="checkbox"/> T;N, Device: Dry</p>

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