

UMC Health System OUTPATIENT INTERVENTIONAL RADIOLOGY SEDATION PLAN - Phase: Discharge Orders	Patient Label Here
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	
<input type="checkbox"/> Discharge Condition: Improved	<input type="checkbox"/> Discharge Condition: Stable
<input type="checkbox"/> Discharge Condition: Fair	
Discharge Disposition	
<input type="checkbox"/> Discharge To: Home	<input type="checkbox"/> Discharge To: Home with Home Health
<input type="checkbox"/> Discharge To: SNF	<input type="checkbox"/> Discharge To: Nursing Home - Intermediate Care
<input type="checkbox"/> Discharge To: Home with Hospice	<input type="checkbox"/> Discharge To: Long term care
<input type="checkbox"/> Discharge To: TDCJ or any other jail	
Discharge Instructions	
Diet	
Discharge Diet	
<input type="checkbox"/> Diet: Resume pre-hospital diet	<input type="checkbox"/> Diet: ADA
<input type="checkbox"/> Diet: AHA	<input type="checkbox"/> Diet: Low sodium (Less than 2 grams)
<input type="checkbox"/> Diet: Regular	<input type="checkbox"/> Diet: Renal
Activity	
Discharge Activity/Activity Precautions	
<input type="checkbox"/> Activity: As tolerated No restrictions	<input type="checkbox"/> Activity: As tolerated
<input type="checkbox"/> Activity: Bed rest	<input type="checkbox"/> Activity: Exercise per OT/PT instructions
<input type="checkbox"/> Activity: Keep splint on at all times	<input type="checkbox"/> Activity: No restrictions
<input type="checkbox"/> Activity: No pushing or pulling with arms	<input type="checkbox"/> Activity: No straining or heavy lifting
<input type="checkbox"/> Activity: With assistance	
Discharge Lifting Instructions	
Discharge Bathing Instructions	
Discharge Driving Instructions	
Discharge Extremity Care (ROM, CPM, etc)	
Line, Drain, and Wound Care	
Discharge Open Wound Care Instructions	
Discharge Closed Surgical Site Care Inst (Discharge Closed Surgical Site 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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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

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

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

Sedation History and Physical Update

T;N

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



OUTPATIENT INTERVENTIONAL RADIOLOGY 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 <input type="checkbox"/> Supine <input type="checkbox"/> Lying on Right Side <input type="checkbox"/> Other <input type="checkbox"/> Lying on Left Side <input type="checkbox"/> Prone
	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, x 12 hr
	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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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

OUTPATIENT 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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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System OUTPATIENT INTERVENTIONAL RADIOLOGY SEDATION PLAN - Phase: Post-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
	Vital Signs <input type="checkbox"/> Per Unit Standards
	Convert IV to INT
	Discontinue Peripheral Line
	Discontinue Urinary Catheter
	Patient Activity <input type="checkbox"/> Up Ad Lib/Activity as Tolerated <input type="checkbox"/> Bedrest <input type="checkbox"/> Bedrest, Bed Position: HOB Flat
	Communication
	Code Status <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
	Notify Provider of VS Parameters
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Patient is NOT required to void prior to discharge.
	Dietary
	Outpatient Diet <input type="checkbox"/> Clear Liq. Advance to Pre-Hospital Diet <input type="checkbox"/> Clear Liquid
	...Additional Orders

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Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

UMC Health System OUTPATIENT 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
	Admit/Discharge/Transfer
	Request for Outpatient Services (Request Outpatient Services) <input type="checkbox"/> Location: Outpatient Surgery
	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
	If patient will require a prone position during procedure do not place IV in the Antecubital area. Insert Peripheral Line <input type="checkbox"/> T;N <input type="checkbox"/> T;N, Start IV on right side If left radial access is needed
	POC by Nursing
	POC Blood Sugar Check <input type="checkbox"/> STAT
	POC Chem 8 <input type="checkbox"/> STAT
	POC Hemoglobin and Hematocrit <input type="checkbox"/> STAT
	POC PT with INR <input type="checkbox"/> STAT
	POC Urine Pregnancy <input type="checkbox"/> STAT
	Communication
	Code Status <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
	Misc Patient Care Order
	Notify Nurse (DO NOT USE FOR MEDS)
	Dietary
	Outpatient Diet <input type="checkbox"/> NPO
	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.
	Other Medications
	lidocaine topical (lidocaine 4% topical cream) <input type="checkbox"/> 1 app, topical, cream, as needed, PRN other

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



OUTPATIENT INTERVENTIONAL RADIOLOGY 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.

Laboratory

CBC

STAT Outpatient/PACU, T;N, Vendor Bill No

CBC with Differential

STAT Outpatient/PACU, T;N, Vendor Bill No

Basic Metabolic Panel

STAT Outpatient/PACU, T;N, Vendor Bill No

Comprehensive Metabolic Panel

STAT Outpatient/PACU, T;N, Vendor Bill No

Prothrombin Time with INR

STAT Outpatient/PACU, T;N, Vendor Bill No

PTT

STAT Outpatient/PACU, T;N, Vendor Bill No

Urine Beta hCG

Urine, STAT Outpatient/PACU, T;N, Vendor Bill No

Urinalysis

Urine, STAT Outpatient/PACU, T;N, Vendor Bill No

Diagnostic Tests

EKG-12 Lead

STAT, Pre-Op exam, Day of Tx

DX Chest Portable

STAT, Pre-Procedure exam

Respiratory

Oxygen Administration

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



OUTPATIENT INTERVENTIONAL RADIOLOGY SEDATION PLAN
- Phase: ADULT OUTPATIENT SURGERY POST-OP DISCOMFORT MED 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

Perform Bladder Scan

Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.

Reference Text

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



OUTPATIENT 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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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



OUTPATIENT INTERVENTIONAL RADIOLOGY SEDATION PLAN
 - Phase: ADULT OUTPATIENT SURGERY POST-OP DISCOMFORT MED 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.	
<p>menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)</p> <p><input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat</p> <p><input type="checkbox"/> 1 app, topical, gel, ONE TIME, Place Lidocaine Jelly 2% to G/ GJJ Tube site in holding</p> <p><input type="checkbox"/> 25 mcg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.</p> <p><input type="checkbox"/> 50 mcg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.</p> <p><input type="checkbox"/> 75 mcg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.</p> <p><input type="checkbox"/> 100 mcg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.</p>	
Analgesics for Mild Pain	
<p>Select only ONE of the following for Mild Pain. 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis</p> <p><input type="checkbox"/> 0.5 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.</p> <p><input type="checkbox"/> 1 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.</p>	
Kyphoplasty	
<p>For patients with penicillin allergy, administer clindamycin. 500 mg, PO, tab, q4h, PRN pain-mild (scale 1-3)</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.</p> <p><input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 4 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.</p> <p><input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 10 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication.</p>	
Analgesics for Mild Pain	
<p>ibuprofen</p> <p><input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. Give with food. ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***</p> <p>Continued on next page....</p>	

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



OUTPATIENT INTERVENTIONAL RADIOLOGY SEDATION PLAN
 - Phase: ADULT OUTPATIENT SURGERY POST-OP DISCOMFORT MED 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
	<input type="checkbox"/> 900 mg, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 0.5 mg, IVPush, inj, OCTOR For Procedural Sedation Only. See INet for incremental dosing of this medication. <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.
Analgesics for Moderate Pain	
	Select only ONE of the following for Moderate Pain. 0.5 mg, IVPush, inj, OCTOR <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. ketorolac <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-7), x 48 hr To be given in OPS ONLY. ***May give IM if no IV access*** <input type="checkbox"/> 3.375 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 25 mg, IVPush, inj, OCTOR
Sedatives	
	The Following Medications are for Deep Sedation Use Only 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) <input type="checkbox"/> 1 app, topical, cream, Left Wrist, ONE TIME, Apply after checking Barbeau test <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) <input type="checkbox"/> To be given in OPS ONLY. ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
Analgesics for Moderate Pain	
	traMADol <input type="checkbox"/> 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-7) <input type="checkbox"/> 3,000 units, intra-arterial push, inj, ONE TIME <input type="checkbox"/> 25 mcg, Slow IVPush, inj, OCTOR For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation. <input type="checkbox"/> 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-7) <input type="checkbox"/> 50 mcg, Slow IVPush, inj, OCTOR <input type="checkbox"/> 100 mcg, Slow IVPush, inj, OCTOR For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.
Anti-pyretics	
	Select only ONE of the following for fever. 200 mcg, intra-arterial push, inj, ONE TIME <input type="checkbox"/> 5 mg, IVPush, inj, OCTOR For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation. <input type="checkbox"/> 10 mg, IVPush, inj, OCTOR For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation. <input type="checkbox"/> 20 mg, IVPush, inj, OCTOR For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



OUTPATIENT INTERVENTIONAL RADIOLOGY SEDATION PLAN
 - Phase: ADULT OUTPATIENT SURGERY POST-OP DISCOMFORT MED 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>acetaminophen</p> <p><input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever To be given in OPS ONLY. ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 2.5 mg, intra-arterial push, inj, ONE TIME <input type="checkbox"/> 50 mg, IVPush, inj, OCTOR</p> <p><input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 100 mg, IVPush, inj, OCTOR 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 For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.</p>
	<p>ibuprofen</p> <p><input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever To be given in OPS ONLY. ****Do not exceed 3,200 mg in 24 hours. Give with food.</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><input type="checkbox"/> 10 mg, IVPush, inj, OCTOR For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.</p> <p><input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever To be given in OPS ONLY. ****Do not exceed 3,200 mg in 24 hours. Give with food.</p> <p><input type="checkbox"/> 20 mg, IVPush, inj, OCTOR For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.</p> <p><input type="checkbox"/> 50 mg, IVPush, inj, OCTOR 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 For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.</p>
Antiemetics	
	<p>Select only ONE of the following for nausea/vomiting.</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> <p>ondansetron</p> <p><input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea To be given in OPS ONLY.</p> <p><input type="checkbox"/> 80 mg, topical, irrigation soln, ONE TIME</p>

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



OUTPATIENT INTERVENTIONAL RADIOLOGY SEDATION PLAN
 - Phase: ADULT OUTPATIENT SURGERY POST-OP DISCOMFORT MED 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>promethazine <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN vomiting To be given in OPS ONLY. <input type="checkbox"/> 10 mL, locally, inj, ONE TIME <input type="checkbox"/> 20 mL, locally, inj, ONE TIME</p>
Antacids	
	<p>Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion To be given in OPS ONLY. <input type="checkbox"/> 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis</p>
Port Placement/Removal	
	<p>For patients with penicillin allergy, administer clindamycin. 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas To be given in OPS ONLY. <input type="checkbox"/></p>
Sedatives	
	<p>ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety To be given in OPS ONLY. <input type="checkbox"/> 900 mg, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p>
Antihistamines	
	<p>diphenhydrAMINE <input type="checkbox"/> 25 mg, PO, cap, q4h, PRN itching To be given in OPS ONLY. <input type="checkbox"/> 1 spray, intra-nasal, nasal spray, ONE TIME Administer with Cetacaine spray just prior to moving to procedure room. <input type="checkbox"/> 25 mg, IVPush, inj, q4h, PRN itching To be given in OPS ONLY.</p>
Sphenopalatine Ganglion Block	
	<p>benzocaine-butamben-tetracaine topical (benzocaine-butamben-tetracaine 14%-2%-2% mucous membrane aerosol) <input type="checkbox"/> 1 spray, intra-nasal, spray, ONE TIME Administer with oxymetazoline spray just prior to moving to procedure room.</p>
	<p>iohexol (Omnipaque 300) <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) <input type="checkbox"/> 5 mL, locally, inj, ONE TIME, 2-3 mL to be used during procedure.</p>
TIPS Procedure	
	<p>cefTRIAxone <input type="checkbox"/> 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis</p>
	<p>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</p>

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



OUTPATIENT INTERVENTIONAL RADIOLOGY SEDATION PLAN
 - Phase: ADULT OUTPATIENT SURGERY POST-OP DISCOMFORT MED 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>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)</p>
Y-90 Injection/TACE/Bland Embolization	
	<p>dexAMETHasone <input type="checkbox"/> 10 mg, IVPush, inj, ONE TIME</p>
	<p>diphenhydrAMINE <input type="checkbox"/> 50 mg, IVPush, inj, ONE TIME</p>
	<p>ondansetron <input type="checkbox"/> 8 mg, IVPush, soln, ONE TIME</p>
	<p>cefTRIAxone <input type="checkbox"/> 1 g, IVPush, inj, ONE TIME, Pre-OP/Post-Op Prophylaxis</p>
	<p>acetaminophen <input type="checkbox"/> 500 mg, PO, tab, ONE TIME</p>
	<p>celecoxib <input type="checkbox"/> 100 mg, PO, cap, ONE TIME</p>
	<p>traMADol <input type="checkbox"/> 50 mg, PO, tab, ONE TIME</p>
Y-90 Mapping/Injection	
	<p>NS <input type="checkbox"/> IV, 150 mL/hr Start fluids on arrival to pre-op.</p>

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<p>UMC Health System</p> <p>OUTPATIENT INTERVENTIONAL RADIOLOGY SEDATION PLAN - Phase: INTERVENTIONAL RADIOLOGY PROCEDURES PROTOCOL PLAN</p>	<p>Patient Label Here</p>
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
Respiratory	
Lung Biopsy	
	<p>Oxygen Administration</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>Oxygen Administration</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>Maintain Chest Tube</p> <p><input type="checkbox"/> T;N, Device: Dry</p>

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