

UMC Health System

Patient Label Here

OUTPATIENT RADIOLOGY WITH GENERAL ANESTHESIA  
PLAN  
- Phase: Clinic

Diagnosis \_\_\_\_\_ PHYSICIAN ORDERS

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**

**Call to Schedule Radiology w/ Anesthesia**

\*\*\*CALL Radiology Department to Schedule\*\*\* \*\*\*See Reference Text\*\*\*

\*\*\*Continue to STAR/OPS Orders phase\*\*\*

TO  Read Back

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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



<p><b>UMC Health System</b></p> <p>OUTPATIENT RADIOLOGY WITH GENERAL ANESTHESIA PLAN - Phase: STAR/OPS Orders</p>	<p>Patient Label Here</p>
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Diagnosis \_\_\_\_\_ **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
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<b>Admit/Discharge/Transfer</b>	
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	<b>Request for Outpatient Services</b> <input type="checkbox"/> Location: Outpatient Surgery, Anesthesia Type: General
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<b>Patient Care</b>	
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	<b>Vital Signs</b> <input type="checkbox"/> Per Unit Standards
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<b>Insert Peripheral Line</b>	
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	<b>Patient Activity</b> <input type="checkbox"/> Up Ad Lib/Activity as Tolerated <input type="checkbox"/> Bedrest
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<b>Communication</b>	
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	<p>***Code Status must be declared upon admission to Outpatient Surgery***</p> <p><b>Code Status</b></p> <input type="checkbox"/> Code Status: Full Code <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death) <input type="checkbox"/> Code Status: Care Limitation
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<b>Dietary</b>	
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	<b>Outpatient Diet</b> <input type="checkbox"/> NPO
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<b>Diagnostic Tests</b>	
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	<p>***Select Exam by using "Add to Phase".***</p>
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<b>Consults/Referrals</b>	
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	<b>Consult MD</b> <input type="checkbox"/> Service: Anesthesiology, Reason: Sedation for Radiology Exam
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TO     Read Back     Scanned Powerchart     Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

UMC Health System

Patient Label Here

OUTPATIENT RADIOLOGY WITH GENERAL ANESTHESIA  
PLAN  
- Phase: PACU Orders

Diagnosis \_\_\_\_\_ 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  
 Per Unit Standards

TO  Read Back

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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



<b>UMC Health System</b>  <b>OUTPATIENT RADIOLOGY WITH GENERAL ANESTHESIA PLAN</b> - Phase: OPS Post-Op Orders	<b>Patient Label Here</b>
<b>Diagnosis _____ 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>Admit/Discharge/Transfer</b>	
	***If returning patient to PACU, right click and REPLICATE the PACU Orders Phase*** <b>Return Patient to PACU</b>
<b>Patient Care</b>	
	<b>Vital Signs</b> <input type="checkbox"/> Per Unit Standards
	<b>Convert IV to INT</b>
	<b>Discontinue Peripheral Line</b>
<b>Communication</b>	
	***Code Status must be declared post procedure, as the patient has had a change in the level of care*** <b>Code Status</b> <input type="checkbox"/> Code Status: Full Code <span style="margin-left: 150px;"><input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death)</span> <input type="checkbox"/> Code Status: Care Limitation
	<b>Notify Provider of VS Parameters</b>
	<b>Notify Provider (Misc)</b>
<b>Dietary</b>	
	<b>Outpatient Diet</b> <input type="checkbox"/> Clear Liq. Advance to Pre-Hospital Diet <span style="margin-left: 150px;"><input type="checkbox"/> Pre-Hospital Diet</span>

 TO  Read Back

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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



OUTPATIENT RADIOLOGY WITH GENERAL ANESTHESIA  
 PLAN  
 - Phase: Discharge Orders

Diagnosis \_\_\_\_\_ 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

General

Discharge Patient

Discharge Condition

Discharge Condition: Stable

Discharge Disposition

Discharge To: Home

Discharge To: SNF

Discharge To: Home with Hospice

Discharge To: TDCJ or any other jail

Discharge To: Home with Home Health

Discharge To: Nursing Home - Intermediate Care

Discharge To: Long term care

Discharge Instructions

Diet

Discharge Diet

Diet: Resume pre-hospital diet

Diet: AHA

Diet: Regular

Diet: ADA

Diet: Low sodium (Less than 2 grams)

Diet: Renal

Activity

Discharge Activity/Activity Precautions

Activity: As tolerated | No restrictions

Discharge Driving Instructions

Driving Instruction: Do NOT drive

Follow Up

Discharge Follow-up Appointment

Discharge Follow-up Appointment

Discharge Follow-up Lab

TO  Read Back

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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

