

UMC Health System

Patient Label Here

OUTPATIENT RADIOLOGY WITH SEDATION PLAN
- Phase: Clinic

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

Call to Schedule Radiology w/ Anesthesia

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

Continue to STAR/OPS Orders phase

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



<p>UMC Health System</p> <p>OUTPATIENT RADIOLOGY WITH SEDATION PLAN - Phase: STAR/OPS Orders</p>	<p>Patient Label Here</p>
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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 <input type="checkbox"/> Location: Outpatient Surgery, Anesthesia Type: Moderate Sedation
	Patient Care
	Vital Signs <input type="checkbox"/> Per Unit Standards
	Insert Peripheral Line
	Patient Activity <input type="checkbox"/> Up Ad Lib/Activity as Tolerated <input type="checkbox"/> Bedrest
	Communication
	Code Status must be declared upon admission to Outpatient Surgery Code Status <input type="checkbox"/> Code Status: Full Code <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death) <input type="checkbox"/> Code Status: Care Limitation
	Dietary
	Outpatient Diet <input type="checkbox"/> NPO
	Consults/Referrals
	Consult MD <input type="checkbox"/> Service: Anesthesiology, Reason: Sedation for Radiology Exam

TO Read Back Scanned Powerchart Scanned PharmScan

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

