		Patient Label Here				
OUTPATIENT RADIOLOGY WITH SEDATION PLAN - Phase: Clinic						
	PHYSICIAN ORDERS					
Diagnos	is					
Weight						
	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					
	***Continue to STAR/OPS Orders phase***					
L		_	_			
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan			
Order Taken by Signature:		Date	Time			
Physician Signature:		Date	Time			



UMC Health System		Patient Label Here			
01 - F	UTPATIENT RADIOLOGY WITH SEDATION PLAN Phase: STAR/OPS Orders				
	PHYSICI	N ORDERS			
	Place an "X" in the Orders column to designate orders of choice At	ID an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS				
	Admit/Discharge/Transfer				
	Request for Outpatient Services				
	Patient Care				
	Vital Signs Per Unit Standards				
	Insert Peripheral Line				
	Patient Activity Up Ad Lib/Activity as Tolerated	Bedrest			
	Communication	***			
	***Code Status must be declared upon admission to Outpatient Surgery	***			
	Code Status         Code Status: Full Code         Code Status: Care Limitation	Code Status: DNR/AND (Allow Natural Death)			
	Dietary				
	Outpatient Diet				
	Consults/Referrals				
	Consult MD Service: Anesthesiology, Reason: Sedation for Radiology Exam				
🗆 то	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 SEDATION PLAN - Phase: Discharge Orders			
		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific orde	r 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	<ul> <li>Discharge To: Home with H</li> <li>Discharge To: Nursing Hor</li> <li>Discharge To: Long term c</li> </ul>	me - Intermediate Care
	Discharge Instructions		
	Diet		
	Discharge Diet Diet: Resume pre-hospital diet Diet: AHA Diet: Regular	Diet: ADA Diet: Low sodium (Less that Diet: Renal	an 2 grams)
	Activity		
	Discharge Activity/Activity Precautions Activity: As tolerated   No restrictions		
	Discharge Driving Instructions		
	Follow Up		
	Discharge Follow-up Appointment		
	Discharge Follow-up Appointment Discharge Follow-up Lab		
Пто	Read Back	Scanned Powerchart	Scanned PharmScan
Order Taken by Signature:		Date	Time
Physician Signature:		Date	

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