



Radiology Pre Procedure Orders

Patient Name: _____ DOB: _____ MMI: _____

Procedure: _____ Proc Date/Time: _____

Diagnosis: _____ Radiologist: _____

Laboratory Orders (STAT if checked)

- | | | |
|---|--|--|
| <input type="checkbox"/> CBC w/ differential | <input type="checkbox"/> PT/INR | <input type="checkbox"/> BMP / CHEM 7 |
| <input type="checkbox"/> CBC w/o differential | <input type="checkbox"/> PTT | <input type="checkbox"/> CMP / CHEM 14 |
| <input type="checkbox"/> Type & Screen | <input type="checkbox"/> Urine Preg Test | |

Other Orders

- Admit to Surgical Center for outpatient procedure.
- Insert IV line.
- Make patient NPO except for medications.
- Complete yellow anesthesia questionnaire.
- Check blood sugar if patient is diabetic.
- Have patient void on call for procedure.
- Check urine pregnancy test if patient is female, under 55 years of age and has not undergone hysterectomy, tubal ligation or doesn't have IUD in place.
- Hold AM blood thinners / anticoagulates for procedure.
- Administer 25 mg Benadryl IV on call for procedure (give on call to Radiology for procedure).
-
-

Physician Signature

Printed Name

PAS#

Date/Time

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PRE-ADMISSION TESTING ORDERS





Radiology History & Physical Update

Date: The patient's history and physical was reviewed. The patient was examined again. There have been no significant changes in the patient's condition since the original history and physical.

Time:

Physician signature:

Changes in the patient's condition since the original history & physical:





Radiology Post Procedure Orders (page 1 of 2)

Contact Radiology for any unstable vital signs, changes in patient symptoms or procedure site complications.

For outpatients only, the patient may be discharged at _____ AM / PM if clinical stable.

Vital Signs

Once post procedure then per protocol.

q15mins x 4, q30mins x 2 then per protocol (2 hours total).

q15mins x 4, q30mins x 2, q60mins x 2 then per protocol (4 hours total).

Procedural Site Check

Once post procedure then per protocol.

q60mins x 4 then per protocol (4 hours total).

Vascular & Neuro Checks

Check distal pulses in affected extremity only q15mins x 4, q30mins x 4, q60mins x 3 (6 hours total).

Neuro check in affected extremity only q60mins x 6 (6 hours total).

Activity

Resume pre procedure activity NOW as tolerated.

Bedrest for _____ hours then advance to pre procedure activity as tolerated.

STRICT bedrest for _____ hours. Keep affected extremity straight. Head of bed elevated 30 degrees.

Diet

Resume pre procedure diet NOW.

Resume pre procedure diet after _____ hours.

Physician Signature

Printed Name

PAS#

Date/Time

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Radiology Post Procedure Orders (page 2 of 2)

Radiology

- XR Chest 1 View NOW - upright insp - post procedure pneumothorax check.
- XR Chest 2 Views at AM / PM - upright insp/exp - post procedure pneumothorax check.
- XR Chest 2 Views at AM / PM - upright insp/exp - post procedure pneumothorax check.

Drain Catheter Management (if applicable)

- Flush drainage catheter with 10 mL saline flush q12hrs. Record output q12hours.
- Do NOT flush drainage catheter. Record output q12hours.
- Keep chest tube Atrium / Pleur-Evac connected to low 20 cm H2O continuous suction.
- Contact Radiology for drain catheter complications, catheter removal or if patient is to be discharged with the drainage catheter in place.

Medications

- Percocet 5 mg / 325 mg PO times one dose as needed for post procedure pain.
- Zofran 4 mg IV times one dose as needed for post procedure nausea/vomiting.

Other

- Venous catheter tip is in adequate position. The line is okay to use.
-
-
-
-

Physician Signature

Printed Name

PAS#

Date/Time

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Radiology Post Procedure Note

Procedure:

Radiologist:

Guidance:

CT

US

Fluoro

Mammo

Findings:

All equipment that entered the patient during the procedure appeared intact at the conclusion of the procedure.

Please see full report under Radiology for procedure details.

Anesthesia:

local only

moderate sedation

general anesthesia

Specimen:

none

yes sent to lab

Drain(s):

Estimate Blood Loss: Minimal.

Complications: No immediate complications.

Post Procedure Condition: The patient tolerated the procedure well and left the procedure room in stable condition.

Physician Signature

Printed Name

PAS#

Date/Time

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Page 1 of 1

“RADIOLOGY PROCEDURE NOTE”



1600



Radiology Medication Orders

Local Anesthetic

- mL Lidocaine 1% SQ

- mL Lidocaine 1% w/ Epi SQ

- mL Lidocaine 2% w/ Epi SQ

- mL Sensorcaine 0.25% SQ

- mL Sensorcaine 0.5% SQ

Moderate Sedation & Pain Meds

- mg Versed IV

- mg Ativan IV

- mcg Fentanyl IV

- mg Dilaudid IV

- mg Narcan IV

- mg Flumazenil IV

IV Contrast

- mL Omni-300 IV

- mL Omni-350 IV

- mL Clariscan IV

Oral Contrast & Fizzes

- mL Omni-240 / 300 / 350 PO

- mL CitraSelect / Volumen PO

- mL Vanilla Silq MD PO

- mL Vanilla Silq HD PO

- mL Varibar Thin PO

- mL Varibar Nectar PO

- mL Varibar Thin Honey PO

- mL Varibar Pudding PO

- pill E-Z Disk PO

- pack E-Z Gas II PO

Myelogram & Joint Medications

- mL Omni-240 intrathecal

- mL Omni-300 intrathecal

- mL Omni-300 intraarticular

- mL Clariscan intraarticular

- mg Kenalog intraarticular

- mL Sensorcaine 0.5% intraarticular

- mL Sensorcaine 0.25% intraarticular

Antibiotics

- g Ancef IV

- g Rocephin IV

- mg Vancomycin IV

- mg Clindamycin IV

- mg Flagyl IV

- mg Cipro IV

Other Medications

- g Albumin IV

- mg Benadryl IV

- mg Glucagon IV

- mg Hydralazine IV

- mL Heparin for Quinton

- mL Hep Loc for Catheters
