Facilities: Ascension St. Vincent's Riverside Ascension St. Vincent's Southside Ascension St. Vincent's Clay County Ascension St. Johns County	AFFIX PATIENT LABEL
RAD Contrast Orders Non Categorized Last Revision Date 2023/02	
Medications	
IV Contrast	
Omnipaque 300	andulad NOW
□ 100 mL inj IV slow push once_unsch Omnipaque 350	leduled NOW
☐ 100 mL inj IV slow push once_unsch	neduled NOW
Gadavist	
mL inj IV slow push once_unschedul Clariscan	ed NOW
☐ mL inj IV slow push once_unschedu	ed NOW
Eovist	
☐ 10 mL inj IV slow push once_unsche	duled NOW
 Oral CT/MR Contrast Omnipaque 240 	
	OW Diluted to 16 ounces with water. Give 45 minutes
prior to scan.	
Omnipaque 300	NW Diluted to 20 suppose with water Cive 45 minutes
prior to scan.	OW Diluted to 20 ounces with water. Give 45 minutes
Omnipaque 350	
	DW Diluted to 24 ounces with water. Give 45 minutes
prior to scan. CitraSelect	
	N Give 1 bottle 45 minutes prior to procedure,
	o procedure, followed by 1 bottle 15 minutes prior to
procedure	
Volumen	N Give 1 bottle 45 minutes prior to procedure,
	o procedure, followed by 1 bottle 15 minutes prior to
procedure	
Vanilla SilQ barium	W. Character by the M. F. and and the second dates
Readi-Cat	W Give 1 bottle 45 minutes prior to procedure
	W Give 1 bottle 45 minutes prior to procedure
Oral Fluoro Contrast	
E-Z-MD Vanilla SilQ 96%	A.
□ mL susp oral once_unscheduled NO\ E-Z-HD Vanilla SilQ 98%	/ V
☐ mL susp oral once_unscheduled NO	N
E-Z Disk	
700 mg tab oral once_unscheduledE-Z-Gas II	VOW
☐ 1 packet granule EFF oral once_unso	cheduled NOW
Varibar Thin	
Nursing Signature Date/Time	
Physician Signature Date/Time	

Facilities:		
Ascension St. Vince	ent's Riverside	
Ascension St. Vince	ent's Southside	AFFIX PATIENT LABEL
Ascension St. Vince		ATTIATATIENT EAGEE
Ascension St. Jol		
Ascellaton 31.30	ins county	
	und a mana a manada ada da da NOW	
	ral once_unscheduled NOW	
Varibar Nectar		
	ral once_unscheduled NOW	
Varibar Honey		
	ral once_unscheduled NOW	
Varibar Pudding		
	oral once_unscheduled NOW	
Omnipaque 350		
mL inj oral	once_unscheduled NOW undilute	ed .
Gastrografin		
□ mL susp or	ral once_unscheduled NOW	
MD-Gastroview		
□ mL susp or	ral once_unscheduled NOW	
Rectal CT contrast		
Omnipaque 240 ir	Water 1000 mL (rectal irrigation)
		W use 50 mL omnipaque diluted to 1000 mL
Normal Salin		
Omnipaque 300 ir	Nater 1000 mL (rectal irrigation)
		W use 40 mL omnipaque diluted to 1000 mL
Normal Salin	_	p. q.
Omnipague 350 ir	Nater 1000 mL (rectal irrigation)
□ 1.000 ml i	rrig rectal once unscheduled NO\	V use 34 mL omnipaque diluted to 1000 mL
Normal Salin		
Rectal Fluoro Contr		
	Water 1000 mL (rectal irrigation)
		Use 500 mL omnipaque diluted to 1000 mL
with normal s	_	ose soo me ommpaque anacea to 1000 me
Gastrografin	Junite	
	irrig rectal once_unscheduled NO\	W
Gastroview oral a		•
	soln rectal once_unscheduled NO\	M
Polibar ACB	som rectal office_unscriedated NOV	V
	rectal once_unscheduled NOW	
	rectal once unscheduled NOW di	luted with 5 parts water
Bladder CT Contras	_	luted with 5 parts water
	า NS 500 mL (CT bladder irrigation	2)
		i) ed NOW 25 mL omnipaque diluted to 500 mL
uith permal	ng intravesicular once_unscriedur	to administration; discarded unused portion
		to administration, discarded unused portion
right after th		2)
	NS 500 mL (CT bladder irrigation	
		ed NOW 20 mL omnipaque diluted to 500 mL
		to administration; discarded unused portion
right after th		,
	NS 500 mL (CT bladder irrigation	
		ed NOW 17 mL omnipaque diluted to 500 mL
		to administration; discarded unused portion
right after th		
Bladder Fluoro Con		
Omnipaque 350 ir	n NS 500 mL (FLUORO bladder irri	gation)
Nursing Signature	Date/Time	
5 5		
Physician Signature	Date/Time	

Omnipaque 240 12 mL inj intraTHEcal once_unscheduled NOW Omnipaque 300 10 mL inj intraTHEcal once_unscheduled NOW Gadavist 0.3 mL inj intraTHEcal once_unscheduled NOW Clariscan 0.6 mL inj intraTHEcal once_unscheduled NOW	Facilities: Ascension St. Vincent's Riverside Ascension St. Vincent's Southside Ascension St. Vincent's Clay County Ascension St. Johns County	AFFIX PATIENT LABEL
	with normal saline Prepared immediately pright after the procedure Bladder MR Contrast Gadavist 2mL in NS 500 mL (MR Bladder irrigati 500 mL irrig intraVESicular once_unsched saline Prepared immediately prior to admin procedure Clariscan 4mL in NS 500 mL (MR Bladder irrigati 500 mL irrig intraVESicular once_unsched Myelogram Contrast Omnipaque 240	rior to administration; discarded unused portion tion) duled NOW 2 mL diluted to 500 mL with normal istration; discarded unused portion right after the tion) duled NOW NOW NOW NOW NOW NOW NOW NOW

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____

