Facilities: Ascension St. Vincent's Riversi Ascension St. Vincent's Souths Ascension St. Vincent's Clay Co	ide ounty	AFFIX PATIENT LABEL
RAD Hepatic Embolization Non Categorized Last Revision Date 2023/11	on Pre-Procedure	
Admit as Inpatient ☐ I certify that hospital provided as inpatient set 412.3(e). Code Status ☐ Full Code Resuscitatith ☐ Allow Natural Death	I services are medically not inpatient services are reservices in accordance with on Allow Natural Death / Doefibrillate, Do not treat ar Standing Orders	ecessary. asonable and necessary, and appropriately the two midnight benchmark under 42 CFR Not Resuscitate, Do not intubate, Do not rhythmias, Do not use vasoactive drugs
Vital Signs Vital Signs ☑ once prior to procedu	ure	
NPO ☐ T;N NPO except for r ☐ T;N No exceptions	nedications with sips of w	ater
Procedural Prep	adder when called for prod ary Foley Catheter Orders	
Continuous Infusions Sodium Chloride 0.9% 1,000 mL IV 125 mL Sodium Chloride 0.45% 1,000 mL IV 125 mL		
 Medications Antibiotic Prophylaxis for Hep High-Risk Patients (h/o sphin diabetes) 		embolization piliary-enteric anastomosis, cirrhosis, or
Nursing Signature Physician Signature		

Facilities:			
Ascension St. Vincent's Riversion	ie		
Ascension St. Vincent's Southsi		AFFIX PATIENT LABEL	
Ascension St. Vincent's Clay Co	unty		
Ascension St. Johns County			
ceFAZolin			
□ 2 a ini IV slow push o	once onCALL reconstitute	each vial with 10 mL of sterile water and	
give over 5 minutes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
• ***AND***			
metroNIDAZOLE			
	V piggyback once_onCALL		
		b, q12hr x 5 day following procedure	
 Low-Risk Patients (all other p 		is, q12m x 3 day ronowing procedure	
cefTRIAXone	acients)		
☐ 1 g inj IV slow push (nce onCALL		
 Cephalosporin-Allergic Patien 			
clindamycin	.5		
	V piggyback once_onCALL		
• ***AND***	Piggyback office_officialL		
gentamicin			
	/ niggyback onco onCALL	Surgical Prophylaxis For weight LESS than	
	ding or Surgery Center T;I		
		Surgical Prophylaxis For weight GREATER	
than or EQUAL to 60kg. Administer in holding or Surgery Center T;N 1 dose/times Antibiotic Prophylaxis for Hepatic Radioembolization 			
		iliary-enteric anastomosis, cirrhosis, or	
	cterotomy, billary Stent, bi	mary-enteric anastomosis, cirriosis, or	
diabetes)			
ceFAZolin	ance an CALL reconstitute	and vial with 10 ml of starile water and	
	once_oncall reconstitute	each vial with 10 mL of sterile water and	
give over 5 minutes ***AND***			
metroNIDAZOLE	/ niggy-back once on CALL		
□ 500 mg inj PREMIX IV piggyback once_onCALL			
• Also prescribe amoxicillin-clavulanate 500/125 mg, 1 tab, q12hr x 5 day following procedure			
Low-Risk Patients (all other patients) - Dearly lastic patients in the base of the b			
Prophylactic antibiotics are no	ot indicated		
Analgesics			
ketorolac	, nuch anda DDN nain		
☐ 30 mg inj IV slow push once PRN pain			
HYDROmorphone			
☐ 1 mg inj IV slow push once PRN pain Hold for < 90 Hold if = 12</td			
morphine \square 2 mg inj IV slow push once PRN pain Hold for < 90 Hold if = 12</td			
	push once PRN pain Hold i	or < 90 Hold II = 12</th	
Antiemetics			
ondansetron			
	nush once DDN naucoa		
 4 mg inj IV slow push once PRN nausea promethazine 			
\Box 12.5 mg inj IV slow push once PRN nausea If zofran also ordered, use zofran first			
		For age > 65 or = to 65 years For age <	
		6.25mg for patients age >/= 65 years. If	
Zofran ordered, use		organia for barrents age >/ - 03 years. If	
Zonan ordered, use	-on an mou		
Acid Suppression Agents			
famotidine			
Nursing Signature	Date/Time		
Physician Signature	Data/Fima		
Physician Signature	Date/Time	111111 11 11 11	
		2000	

Facilities: Ascension St. Vincent's Riverside Ascension St. Vincent's Southside Ascension St. Vincent's Clay County Ascension St. Johns County	AFFIX PATIENT LABEL
☐ 20 mg inj IV slow push once	
Miscellaneous Medications diphenhydrAMINE □ 25 mg inj IV slow push once	
Contrast Allergy Premedication dexAMETHasone □ 8 mg inj IV slow push once diphenhydrAMINE □ 50 mg inj IV slow push once	
CBC/Plt/Diff Blood Stat T;N Prothrombin Time with INR Blood Stat T;N Act Part Thrombo Time Blood Stat T;N Basic Metabolic Panel Blood Stat T;N Comprehensive Metabolic Panel Blood Stat T;N Comprehensive Metabolic Panel Blood Stat T;N Beta hCG Qual Urine Urine, Unspecified T;N Stat Diagnostic Tests EKG T;N Stat	

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time



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