

- 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 Lumbar Puncture/Myelogram Pre-Procedure
Non Categorized**

Last Revision Date
 2023/11

Admit/Transfer/Discharge

Place in Outpatient Status

- I certify that hospital services are medically necessary.

Admit as Inpatient

- I certify that hospital inpatient services are reasonable and necessary, and appropriately provided as inpatient services in accordance with the two midnight benchmark under 42 CFR 412.3(e).

Code Status

- Full Code Resuscitation
- Allow Natural Death Allow Natural Death / Do Not Resuscitate, Do not intubate, Do not perform CPR, Do not defibrillate, Do not treat arrhythmias, Do not use vasoactive drugs
- Limited Code(Intubation/Ventilation)ONLY
- May Initiate Emergency Standing Orders
- Respiratory Patient Driven Protocols

Vital Signs

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- once prior to procedure

Diet

Diets

- Patient may continue current diet. Patient does not need to be NPO

Patient Care

IV Line

- Insert INT

Call Provider for the following:

- Notify IR if patient is unable to consent or if family is unavailable for consent.

Procedural Prep

- Send a complete page of patient stickers with the patient and have patient void bladder when called for procedure.

Medications

Analgesics

acetaminophen

- 650 mg tab oral once PRN pain

ibuprofen

- 400 mg tab oral once PRN pain

ketorolac

- 30 mg inj IV slow push once PRN pain

HYDROcodone-acetaminophen 5 mg-325 mg oral tablet

- 1 tab tab oral once PRN pain Hold for < 90 Hold if <= 12

oxyCODONE-acetaminophen 5 mg-325 mg oral tablet

- 1 tab tab oral once PRN pain Hold for < 90 Hold if <= 12

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____



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HYDRomorphone

1 mg inj IV slow push once PRN pain Hold for < 90 Hold if </= 12
morphine

2 mg inj IV slow push once PRN pain Hold for < 90 Hold if </= 12

Antiemetics

ondansetron

4 mg inj IV slow push once PRN nausea

promethazine

12.5 mg inj IV slow push once PRN nausea If zofran also ordered, use zofran first
Decrease to 6.25mg for patients age >/= 65 years.

Antipruritics

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

Laboratory

CBC/Plt/Diff

Blood Stat T;N

Prothrombin Time with INR

Blood Stat T;N

Act Part Thrombo Time

Blood Stat T;N

Beta hCG Qual Urine

Urine, Unspecified T;N Stat

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____

