

- 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 Medications**  
**Non Categorized**

Last Revision Date  
 2023/11

**Medications**

**Local Anesthetics**

- lidocaine 1% injectable solution
  - mL inj local infiltrate once
- lidocaine-EPINEPHrine 1%-1:100,000% injectable solution
  - mL inj local infiltrate once
- BUPIvacaine 0.25% injectable solution
  - mL inj local infiltrate once
- BUPIvacaine 0.5% injectable solution
  - mL inj local infiltrate once

**Anxiolytics**

- If able to tolerate oral:
  - LORazepam
    - 1 mg tab oral q30min PRN sedation Give 30-60 minutes before procedure. Max 2mg for patients less than 65 years. Max 1mg for patients greater than or equal to 65 years and/or chronically ill, or receiving opioids or other sedatives, or as approved by the procedural provider. May repeat 1mg if needed due to incomplete response. Hold for < 90 Hold if <= 12 T;N 2 hr
- If unable to tolerate oral or immediate effect desired:
  - LORazepam
    - 0.5 mg inj IV slow push q15min PRN sedation Repeat in 0.5 mg increments every 10-15 minutes as directed by the procedural physician to achieve desired clinical effect. Max total dose: 4 mg or 0.04 mg/kg for patients less than 65 years, 2 mg or 0.02 mg/kg for patients greater than or equal to 65 years and/or chronically ill, or receiving opioids or other sedatives, or as approved by the procedural provider. Hold for < 90 Hold if <= 12 T;N 2 hr

**Moderate Sedation**

- midazolam
  - 1 mg inj IV slow push once PRN sedation Hold for < 90 Hold if <= 12
- fentaNYL
  - 50 mcg inj IV slow push once PRN sedation Hold for < 90 Hold if <= 12

**LINKED CONTENT:** Moderate Sedation Medications

**Analgesics**

- ketorolac
  - 30 mg inj IV slow push once PRN pain
- HYDROmorphone
  - 0.5 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

Nursing Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date/Time \_\_\_\_\_



- Facilities:**
- Ascension St. Vincent's Riverside
  - Ascension St. Vincent's Southside
  - Ascension St. Vincent's Clay County
  - Ascension St. Johns County

AFFIX PATIENT LABEL

**Antiemetics**

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

**Acid Suppression Agents**

- famotidine
  - 20 mg inj IV slow push once

**Miscellaneous Medications**

- diphenhydrAMINE
  - 25 mg inj IV slow push once
- glucagon
  - 1 mg inj IV slow push once

**Corticosteroids**

- dexAMETHasone
  - 10 mg inj IV slow push once
- betamethasone
  - 12 mg inj REPOS IM once
- methyLPREDNISolone
  - 80 mg inj REPOS IM once

**Antihypertensives**

- labetalol
  - 20 mg inj IV slow push once\_onCALL PRN hypERTension N/A N/A
- hydrALAZINE
  - 10 mg inj IV slow push once\_onCALL PRN hypERTension N/A N/A

**Contrast Allergy Premedication**

- dexAMETHasone
  - 8 mg inj IV slow push once 1 hour prior to contrast administration
- diphenhydrAMINE
  - 50 mg inj IV slow push once 1 hour prior to contrast administration

**Joint Procedure Medications**

- BUPIvacaine 0.25% injectable solution
  - 5 mL inj intraarTICular once
- BUPIvacaine 0.5% injectable solution
  - 5 mL inj intraarTICular once 0.25% Bupivacaine should be used preferentially and 0.5% Bupivacaine should only be used if specifically indicated.
- Kenalog-40
  - 40 mg inj REPOS intraarTICular once
- iohexol 300
  - 5 mL inj intraarTICular once
- gadobutrol
  - 0.03 mL inj intraarTICular once
- gadoterate meglumine

Nursing Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date/Time \_\_\_\_\_



- Facilities:**
- Ascension St. Vincent's Riverside
  - Ascension St. Vincent's Southside
  - Ascension St. Vincent's Clay County
  - Ascension St. Johns County

AFFIX PATIENT LABEL

- 0.06 mL inj intraarTICular once\_unscheduled NOW

**Myelogram Medications**

- iohexol 300
  - 10 mL inj intraTHEcal once
- iohexol 240
  - 12 mL inj intraTHEcal once

**Paracentesis Medications**

- albumin human 25% intravenous solution
  - 25 g inj IV piggyback once for paracentesis over 5L

**Nuclear Medicine Medications**

- sincalide
  - 0.015 mcg/kg inj IV piggyback once administer over 45 mins, for Kinevac HIDA
- morphine
  - 2 mg inj IV slow push once for HIDA scan
- furosemide
  - 0.5 mg/kg inj IV slow push once for Lasix Renal scan
- captopril
  - 50 mg tab oral once for Captopril Renal scan

Nursing Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

