

- 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 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

Vital Signs
 once Prior to procedure

Diet

NPO
 T;N No exceptions
 NPO except for medications with sips of water

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
 Complete Pre Anesthesia Moderate Sedation Assessment patient section
- Procedural Prep
 Send a complete page of patient stickers with the patient and have patient void bladder when called for procedure
- LINKED CONTENT:** Urinary Foley Catheter Orders
- Gastric Tube
 T;N Nasogastric Tube For IR procedure

Continuous Infusions

NS
 1,000 mL IV 125 mL/hr Infuse over 8 hours

1/2 NS
 1,000 mL IV 125 mL/hr Infuse over 8 hours

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____



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Medications

Analgesics

- Tylenol
 - 650 mg tab oral once_onCALL PRN pain
- Motrin
 - 400 mg tab oral once_onCALL PRN pain
- Toradol
 - 30 mg inj IV slow push once_onCALL PRN pain
- Norco 5/325
 - 1 tab tab oral once_onCALL PRN pain Hold for < 90 Hold if </= 12
- Percocet 5/325
 - 1 tab tab oral once_onCALL PRN pain Hold for < 90 Hold if </= 12
- Dilaudid
 - 1 mg inj IV slow push once_onCALL PRN pain Hold for < 90 Hold if </= 12
- morphine
 - 2 mg inj IV slow push once_onCALL PRN pain Hold for < 90 Hold if </= 12

Antiemetics

- Zofran
 - 4 mg inj IV slow push once PRN nausea
- Phenergan
 - 12.5 mg inj IV slow push once PRN nausea If zofran also ordered, use zofran first

Gastrointestinal Agents

- Pepcid
 - 20 mg inj IV slow push once PRN

Antihypertensives

- Trandate
 - 20 mg inj IV slow push once_onCALL PRN hypERTension N/A N/A
- Apresoline
 - 10 mg inj IV slow push once_onCALL PRN hypERTension N/A N/A

Antipruritics

- Benadryl
 - 25 mg inj IV slow push once

Corticosteroids

- Decadron
 - 10 mg inj IV slow push once
- Celestone Soluspan
 - 12 mg inj REPOS IM once
- DEPO-Medrol
 - 80 mg inj REPOS IM once

Contrast Allergy Premedication

- Decadron
 - 8 mg inj IV slow push once
- Benadryl
 - 50 mg inj IV slow push once

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Laboratory

- 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
- Col/Epi Closure Time
 - Blood Stat T;N
- Interpretation PFA
 - Blood Stat T;N
- LINKED CONTENT:** Transfusion Orders/Blood Products
- Beta hCG Qual Urine
 - Urine, Unspecified T;N Stat

Diagnostic Tests

- EKG
 - Stat
- CT Abdomen w/o Contrast
 - Stat Stat Pre IR procedure stretcher Stretcher
- CT Chest w/o Contrast
 - Stat Stat Pre IR procedure stretcher Stretcher
- US Abdomen Limited
 - Stat Ascites Stretcher
- US Chest
 - Stat Pleural Effusion Stretcher

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____

