

- 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 Thoracentesis/Paracentesis 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

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-mild
- ibuprofen
 - 400 mg tab oral once PRN pain-mild
- 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-moderate Hold for < 90 Hold if < /= 12
- oxyCODONE-acetaminophen 5 mg-325 mg oral tablet
 - 1 tab tab oral once PRN pain-moderate 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-severe Hold for < 90 Hold if </= 12 morphine
- 2 mg inj IV slow push once PRN pain-severe 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 for pt's < 65 yo; If zofran also ordered, use zofran first Decrease to 6.25mg for patients age >/= 65 years.

Laboratory

CBC/Plt/Diff

- Blood Stat T;N

Prothrombin Time with INR

- Blood Stat T;N

Act Part Thrombo Time

- Blood Stat T;N

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____



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