

- 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 Uterine Artery Embolization 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
 May Initiate Emergency Standing Orders
 Respiratory Patient Driven Protocols

Vital Signs

Vital Signs
 once prior to procedure

Diet

NPO
 NPO except for medications
 No exceptions

Patient Care

- IV Line
 Insert INT
- Procedural Prep
 Have patient void bladder when called for procedure
- Procedural Prep
 Compete Pre Anesthesia Moderate Sedation Assessment patient section
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

Medications

Antibiotic Prophylaxis for UAE

Ancef
 2 g inj IV slow push once_onCALL reconstitute each vial with 10 mL of sterile water

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____



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- and give over 5 minutes
- *** OR ***
 - clindamycin
 - 900 mg inj PREMIX IV piggyback once_onCALL
- ***AND***
 - gentamicin
 - 120 mg inj PREMIX IV piggyback once_onCALL Surgical Prophylaxis For weight LESS than 60kg. Administer in holding or Surgery Center T;N 1 dose/times
 - 240 mg inj PREMIX IV piggyback once_onCALL Surgical Prophylaxis For weight GREATER than or EQUAL to 60kg. Administer in holding or Surgery Center T;N 1 dose/times

Analgesics

- ketorolac
 - 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
- 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 Decrease to 6.25mg for patients age >/= 65 years. 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

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
- Basic Metabolic Panel

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- 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

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Physician Signature _____ Date/Time _____



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