

Clay

Patient Label

Southside

St Johns

Radiology Pre Procedure Orders

Patient Name:			DOB:		MMI:		
Proced	lure:	Proc Date/Time:					
Diagno	osis:		Radiologist:				
Labo	oratory Orders (STAT if che	ecked)					
	☐ CBC w/ differential		PT/INR		BMP / CHEM 7		
	☐ CBC w/o differential		PTT		CMP / CHEM 14		
	☐ Type & Screen		Urine Preg Test				
Othe ×	Other Orders Admit to Surgical Center for outpatient procedure.						
$\underline{}$	Insert IV line.						
-	Make patient NPO except for me						
	Complete yellow anesthesia questionnaire.						
<u>×</u>							
×							
×							
	tubal ligation or doesn't have IUD in place.						
	Hold AM blood thinners / anticoagulates for procedure. Administer 25 mg Benadryl IV on call for procedure (give on call to Radiology for procedure).						
<u></u> П	Administer 25 mg Benadi yi TV C	ni can ioi	procedure (give o	m can to Radio	ogy for procedure).		
	Dhysisian Signature	D	inted Name	В А С.	Da4a/Tiraa		
	Physician Signature	Pr	inted Name	PAS#	Date/Time		

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PRE-ADMISSION TESTING ORDERS

Page 1 of 1





Clay

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Radiology Post Procedure Orders (page 1 of 2)

	Contact Radiology for any unstable vital signs, changes in patient symptoms of procedure site complications.				
	For outpatients only, the patient may be discharged at AM / PM if clinical stable.				
Vital	Signs				
	Once post procedure then per protocol.				
	q15mins x 4, q30mins x 2 then per protocol (2 hours total).				
	q15mins x 4, q30mins x 2, q60mins x 2 then per protocol (4 hours total).				
Proce	dural Site Check				
	Once post procedure then per protocol.				
	q60mins x 4 then per protocol (4 hours total).				
Vascu	ılar & Neuro Checks				
	Check distal pulses in affected extremity only q15mins x 4, q30mins x 4, q60mins x 3 (6 hours total).				
	Neuro check in affected extremity only q60mins x 6 (6 hours total).				
Activi	ity				
	Resume pre procedure activity NOW as tolerated.				
	Bedrest for hours then advance to pre procedure activity as tolerated.				
	STRICT bedrest for hours. Keep affected extremity straight. Head of bed elevated 30 degrees.				
Diet					
	Resume pre procedure diet NOW.				
	Resume pre procedure diet after hours.				

Physician Signature

Printed Name

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Date/Time



Riverside Clay

Southside St Johns

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Radiology Post Procedure Orders (page 2 of 2)

Radio	logy			
	XR Chest 1 View NOW - upright insp - post procedure pneumothorax check.			
	XR Chest 2 Views at	AM / PM - upright insp/exp - post procedure pneumothorax check.		
	XR Chest 2 Views at	AM / PM - upright insp/exp - post procedure pneumothorax check.		
Drain	Catheter Management (if ap	pplicable)		
	Flush drainage catheter with 10 mL saline flush q12hrs. Record output q12hours.			
	Do NOT flush drainage catheter. Record output q12hours.			
	Keep chest tube Atrium / Pleur-Evac connected to low 20 cm H20 continuous suction.			
	Contact Radiology for drain catheter complications, catheter removal or if patient is to be discharged			
	with the drainage catheter in	place.		
Medic	eations			
	Percocet 5 mg / 325 mg PO ti	mes one dose as needed for post procedure pain.		
	Zofran 4 mg IV times one dose as needed for post procedure nausea/vomiting.			
Other	•			
	Venous catheter tip is in adeq	uate position. The line is okay to use.		

Physician Signature

Printed Name

PAS#

Date/Time

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Radiology Post Procedure Note

Procedure:			<u>R</u> :	adiologist:
Guidance:	СТ	US	Fluoro	Mammo
Findings:				
All equipment the	at entered the pat	ient during the pro	cedure appeared i	intact at the conclusion of the procedure.
Please see full rep	oort under Radio	logy for procedure	details.	
Anesthesia:	local only	moderate sedation	n general ane	sthesia
Specimen:	none	yes sent to lab		
Drain(s):				
Estimate Blood Loss: Minimal.				
Complications: No immediate complications.				
Post Procedure Condition: The patient tolerated the procedure well and left the procedure room in				
stable condition.				

Physician Signature

Printed Name

PAS#

Date/Time

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Page 1 of 1



"RADIOLOGY PROCEDURE NOTE"



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Patient Label

Radiology Medication Orders

mL Lidocaine 1% SQ mL Omni-240 intrathecal mL Lidocaine 1% w/ Epi SQ mL Omni-300 intrathecal mL Lidocaine 2% w/ Epi SQ mL Omni-300 intraarticular mL Sensorcaine 0.25% SQ mL Clariscan intraarticular mL Sensorcaine 0.5% SQ mg Kenalog intraarticular mL Sensorcaine 0.5% SQ mg Kenalog intraarticular mL Sensorcaine 0.5% intraarticular mL Sensorcaine 0.5% intraarticular mg Versed IV mL Sensorcaine 0.25% intraarticular mg Ativan IV may Central IV mg Dilaudid IV mg Pollaudid IV mg Rocephin IV mg Vancomycin IV mg Flumazenil IV mg Clindamycin IV mg Clindamycin IV mg Flumazenil IV mg Clindamycin IV mg Clindamycin IV mg Cipro IV mL Omni-300 IV mg Cipro IV Other Medications ml. Clariscan IV g Albumin IV mg Benadryl IV mg Benadryl IV mg Dral Contrast & Fizzes mg Benadryl IV mg Hydralazine IV mg Hydralazine IV mg Hydralazine IV mg Lidau PD om L Varibla Silq MD PO mL Varibar Thin PO mL Varibar Nectar PO mL Varibar Pudding PO pill E-Z Disk PO pack E-Z Gas II PO	1	Local Anesthetic	Myelogr	am & Joint Medications
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	mL	Varibar Pudding PO		
pack E-Z Gas II PO	pill	E-Z Disk PO	_	
Park D Z Out II T O	pack	E-Z Gas II PO		

Physician Signature Printed Name PAS# Date/Time