Radiologically Placed Gastrostomy Gastrojejunostomy Pre-Procedure [30400866]

Height______________________________________________
Weight_____________________________________________
Allergies____________________________________________

In addition, if appropriate for this patient:
- Stop heparin infusion 4 to 6 hours prior to surgery
- Hold prophylactic LMWH for at least 12 hours before anticipated neuraxial anesthetic
- Hold LMWH for 24 hours if therapeutic dose being used prior to neuraxial anesthetic

General

Consent

[X] Verify informed consent
Routine, Once, Starting today
Indicate one of the following to confirm the patient/representative has given informed consent for blood products for percutaneous feeding tube placement. Notify Interventional Radiology if patient unable to sign consent, Pre-Procedure

Diet

[X] Diet NPO after midnight
Diet effective now, Starting tomorrow
NPO Except:
Diet Comments:
Pre-Procedure

[X] Diet NPO
Diet effective now, Starting today
NPO Except:
Diet Comments:
Pre-Procedure

Nursing Interventions

[X] Nasogastric tube insertion
Routine, Once, Starting today
Suction type:
Place with tip in stomach 2 hours prior to procedure, Pre-Procedure

Education

If placing this order on an inpatient please refer to Active Orders and discontinue appropriate medications.

[] Anticoagulant Therapy
Routine, Until discontinued, Starting today, Instruct patient to not take following anticoagulation therapy ___________REQUIRED for ___________REQUIRED days prior to procedure, Pre-Procedure

Provider Initial:__________________
### Labs

**Hematology**

- [ ] CBC, no diff (hemogram) **STAT, Starting today For 1 Occurrences, Pre-Procedure**
- [ ] CBC and differential **STAT, Starting today For 1 Occurrences, Pre-Procedure**

**Coagulation**

- [ ] Protime-INR **STAT, Starting today For 1 Occurrences, Pre-Procedure**
- [ ] Activated partial thromboplastin time **STAT, Starting today For 1 Occurrences**
  - Lab is STAT only if it has not been done in within the past 2 weeks, Pre-Procedure
- [ ] Platelet count **STAT, Starting today For 1 Occurrences, Pre-Procedure**

### IV Fluids

**IV Fluids**

- [ ] Insert peripheral IV **Routine, Continuous, Starting today, Insert IV site below elbow., Pre-Procedure**
- [ ] Saline lock and flush **"And" Linked Panel**
  - [ ] Saline lock IV **Routine, Once, Starting today For 1 Occurrences, Flush peripheral lines every shift. Discontinue prior to discharge., Pre-Procedure**
  - [ ] sodium chloride 0.9 % syringe **10 mL, IntraVENous, Every 8 hours, Pre-Procedure Flush peripheral lines every shift. Discontinue prior to discharge. Routine**
- [ ] lidocaine (XYLOCAINE-MPF) local injection 1% **0.5-5 mL, SubCutaneous, Once, For 1 Doses, Pre-Procedure Local anesthetic for IV access. Routine**
- [ ] dextrose 5 % and sodium chloride 0.45 % infusion **100 mL/hr, IntraVENous, Continuous, Pre-Procedure Saline lock when taking adequate PO Routine**
- [X] sodium chloride infusion 0.9% **100 mL/hr, IntraVENous, Continuous, Pre-Procedure For adult patients 2 hours prior to procedure. Routine**

### Medications

**Pre-op Antibiotics**

- To be given within 60 minutes of incision

- [ ] ceFAZolin (ANCEF) IV **1 g, IntraVENous, Once, For 1 Doses, Pre-Procedure To be given within 60 minutes of incision Routine**
**PHYSICIAN ORDERS**

**PATIENT INFORMATION**

**Pre-op Cefazolin (Ancef) 1g - Metronidazole Panel**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>ceFAZolin (ANCEF) IV</td>
<td>2 g, IntraVENous, Once, For 1 Doses, Pre-Procedure</td>
<td>For patients greater than 80 kg. To be given within 60 minutes of incision</td>
<td>Routine</td>
<td></td>
</tr>
<tr>
<td>metroNIDAZOLE (FLAGYL) IVPB 500 mg (premix)</td>
<td>500 mg, IntraVENous, Once, For 1 Doses, Pre-op</td>
<td>To be given within 60 minutes of incision</td>
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**Pre-op Cefazolin (Ancef) 2g - Metronidazole Panel**

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**PCN Allergic Plus Documented Beta-Lactam Allergy**

To be given within 60 minutes of incision and 120 minutes for vancomycin

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<tr>
<td>clindamycin (CLEOCIN) IV syringe</td>
<td>600 mg, IntraVENous, Once, For 1 Doses, Pre-Procedure</td>
<td>To be given within 60 minutes of incision</td>
<td>Routine</td>
<td></td>
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<tr>
<td>clindamycin (CLEOCIN) IV syringe</td>
<td>900 mg, IntraVENous, Once, For 1 Doses, Pre-Procedure</td>
<td>For patients greater than 100 kg. To be given within 60 minutes of incision</td>
<td>Routine</td>
<td></td>
</tr>
<tr>
<td>vancomycin IVPB</td>
<td>1 g, IntraVENous, Once, For 1 Doses, Pre-Procedure</td>
<td>Give Reason for administration. To be given within 120 minutes of incision</td>
<td>REQUIRED</td>
<td></td>
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<td>&quot;And&quot; Linked Panel</td>
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**Radiologically Placed Gastrostomy Gastrojejunostomy Pre-Procedure**

**[30400866]**

**[ ] clindamycin (CLEOCIN) IV syringe**
- 600 mg, IntraVenous, Once, For 1 Doses, Pre-Procedure
- To be given within 60 minutes of incision
- Routine

**[ ] gentamicin > 120 mg/ 100 mL IVPB (once daily administration)**
- 1.5 mg/kg, IntraVenous, for 30 Minutes, Once, For 1 Doses, Pre-Procedure
- To be given within 60 minutes of incision
- Routine

**[ ] Clindamycin 900mg - Gentamicin Panel**
- "And" Linked Panel

**[ ] clindamycin (CLEOCIN) IV syringe**
- 900 mg, IntraVenous, Once, For 1 Doses, Pre-Procedure
- For patients greater than 100kg. To be given within 60 minutes of incision
- Routine

**[ ] gentamicin > 120 mg/ 100 mL IVPB (once daily administration)**
- 1.5 mg/kg, IntraVenous, for 30 Minutes, Once, For 1 Doses, Pre-Procedure
- To be given within 60 minutes of incision
- Routine

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Date:_______ Time:________
Printed Name of Ordering Provider:_________________________________________________________
Provider Signature:__________________________________________________________

Date:_______ Time:________
RN Acknowledged: __________________________________________________________