1. ALLERGIES/REACTIONS: ________________________________

2. ❑ Outpatient Surgery/Procedure ❑ Outpatient Observation for (Symptoms): ________________________________

3. PHYSICIAN: ____________________________________________
   ❑ Call Interventional Radiology (not gynecology) with UFE related questions.

4. NUTRITION:
   ❑ Advance diet as tolerated
   ❑ Other: ________________________________

5. ACTIVITY:
   ❑ Bed rest with:
     ❑ Right lower extremity immobilized for ________ hours, then up with assistance
     ❑ Left lower extremity immobilized for ________ hours, then up with assistance

6. TOTAL INTRA-PROCEDURE MEDICATIONS GIVEN:
   ❑ Midazolam (Versed) ________ mg IV
   ❑ Fentanyl (Sublimaze) ________ mcg IV
   ❑ Diazepam (Valium) ________ mg IV
   ❑ Morphine Sulfate ________ mg IV
   ❑ Antibiotic: ___________________________ IV
   Other: ________________________________

7. MEDICATIONS:
   Non Steroidal Anti-Inflammatory Medications:
   ❑ Ketorolac (Toradol) 15 mg IV first dose at ________ then every 6 hours for a total of ________ doses (maximum 4 doses). (May use in patients age 65 and over, or weight less than 50 kg)
   ❑ Ketorolac (Toradol) 30 mg IV first dose at ________ then every 6 hours for a total of ________ doses (maximum 4 doses). (Do not use in patients age 65 and over, or weight less than 50 kg)
   DO NOT USE KETOROLAC IF SERUM CREATININE IS GREATER THAN 1.4 mg/dL AND/OR PLATELETS LESS THAN 50,000

   Analgesia:
   [NOTE: Number only those medications desired. The nurse will select #1 as the first medication to be given. If ineffective, #2 will be used next, and then #3, #4, etc. Number IV/IM Meds and Oral Meds separately. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.]

   IV/IM Analgesia:
   ❑ See Patient Controlled Analgesia (PCA) Physician Order # 564. No additional IV/IM analgesia while on PCA. Discontinue PCA when tolerating PO pain medications.

   Oral Analgesia:
   (When pain is under control and patient tolerating oral intake, trial oral pain medications)
   _____ Hydromorphone (Dilaudid) 1-2 mg PO every 4 hours PRN pain
   _____ Ibuprofen 400 mg PO every 6 hours PRN pain (start 6 hours after last ketorolac dose)

Physician Initial: ________________________________
7. **MEDICATIONS**: (Continued)

Nausea/Vomiting:

- Ondansetron (Zofran) 4 mg IV every 4 hours PRN nausea/vomiting. (Maximum 24 mg per 24 hours).
  If ondansetron is ineffective, discontinue ondansetron and give promethazine (Phenergan) 12.5-25 mg IV every 4 hours PRN nausea/vomiting. Use 6.25 – 12.5 mg IV for patients age 65 and over.

- Metoclopramide (Reglan) 10 mg IV every 6 hours PRN nausea/vomiting

- Prochlorperazine (Compazine) 25 mg PR every 8 hours PRN nausea

Other Medications:

- Acetaminophen 650 mg PO every 6 hours PRN temperature greater than 38° Celsius
  LIMIT THE TOTAL DOSE OF ALL ACETAMINOPHEN CONTAINING PRODUCTS TO 3,000 MG PER DAY

- Docusate sodium (Colace) 100 mg twice daily (hold for diarrhea)

8. **INTRA-VENOUS FLUIDS**:

- Insert IV below elbow

- IV: ____________________________ at __________ ml/hour

9. **TREATMENT**:

- Vital signs and check _______ groin site every 15 minutes times 4, every 30 minutes times 2, then every 1 hour times 4, then per unit routine

- Discontinue retention catheter after _______ hours

10. **DISCHARGE INSTRUCTIONS**:

- Instruct patient to call Interventional Radiology with any questions.

- Instruct patient to call TRA Medical Imaging (253-284-0841) in two weeks for follow-up.

Other orders: __________________________________________________________


**NOTE**: These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

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<tr>
<th>DATE</th>
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Another brand of drug, identical in form and content, may be dispensed unless checked. □