**PHYSICIAN ORDERS**

**INTERVENTIAL RADIOLOGY INPATIENT**

**PREPROCEDURE**

**DATE OF PROCEDURE:** ______________

**PROCEDURE:** ______________

1. **ALLERGIES/REACTION:**

    ✗ Notify Interventional Radiology if patient has any of the following allergies:

        IV Contrast Media/Iodine, fentanyl (Sublimaze), midazolam (Versed), Penicillin, Lidocaine/Local Anesthesia

2. **NUTRITION:**

    ☐ NPO after __________ except PO medications with sips

    ☐ No liquids after __________; no solids after __________. May take PO medications with sips of water.

3. **ANTICOAGULATION THERAPY:**

    ☐ Hold all anticoagulation therapy except

    ✗ Notify Interventional Radiology if patient is taking any of the following medications: Heparin, warfarin (Coumadin), dabigatran (Pradaxa), enoxaparin (Lovenox), dalteparin (Fragmin), aspirin (ASA, Ecotrin), clopidogrel (Plavix), ticopidine (Ticlid), aspirin/dipyridamole (Aggrenox), clostazol (Pletal), prasugrel (Effient), ticagrelor (Brilinta), rivaroxaban (Xarelto)

4. **LABS:**

    ☐ CBC

    ☐ BMP

    ☐ CMP

    ☐ PTT

    ☐ PT/INR

    ☐ Hep LMWH (Anti-Xa)

    ☐ Hep UFH (Anti-Xa)

    ☐ Creatinine (Whole Blood) STAT

    ☐ Other: ____________________________________________

    LAB TO BE ORDERED as: ☐ Routine ☐ STAT ☐ AM

5. **PRE PROCEDURE:**

    ☐ Insert NG Tube

    ☐ Insert retention catheter. Obtain UA R (Urinalysis with culture if indicated). Initiate Medical Staff Approved Urinary Catheter Protocol #967.00.

    ☐ Mark Pedal Pulses with indelible marker

    ✗ Arrange interpreter prior to procedure as needed

    ✗ Notify Interventional Radiology if patient is unable to consent to the procedure and arrange for consent to be signed by the power of attorney

    ✗ Current History and Physical must be available in patient’s chart. If not available, notify Interventional Radiology

    ✗ Adequate IV access will be achieved prior to scheduled procedure

    ✗ Dark and light green charts should accompany the patient to the Interventional Radiology department for procedure

    ✗ If the patient is unable to take one step up, procedure transportation must be by bed or gurney

    ✗ Nurse-to-nurse report will occur before patient arrives in Interventional Radiology for the procedure

    ✗ Send any outside imaging studies with patient at time of procedure

6. **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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Another brand of drug, identical in form and content, may be dispensed unless checked. ☐