Myelogram Pre Procedure  [30400537]

If appropriate for patient condition, please consider the following order sets:
- If GFR decreased and patient requires IV contrast study, consider hydrating patient using Hydration Order for Reducing Risk of Radiocontrast Induced Nephrotoxicity Physician Order #683

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

**Height______________**  
**Weight________________**  
**Allergies________________**

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**General**

**Vital Signs**

[X] Vital signs  
Routine, Per unit routine, Starting today, Pre-Procedure

**Notify Provider**

[X] Notify Diagnostic Imaging BEFORE sending patient if the patient is unable to give informed consent  
Routine, Once, Starting today For 1 Occurrences  
Call physician on arrival at this phone number.  
Pre-Procedure

[X] Notify Radiologist if patient is taking phenothiazines or anticoagulants  
Routine, Until discontinued, Starting today, Pre-Procedure

**Nursing Communication**

[X] Have patient void on-call to Diagnostic Imaging  
Routine, Once, Starting today For 1 Occurrences, Pre-Procedure

**Activity General**

[X] Activity as tolerated  
Routine, Until discontinued, Starting today, Pre-Procedure

**Diet**

[X] Diet Liquid  
Diet effective now, Starting today  
Diet: Clear  
Diet: Additional Modifiers:  
Viscosity/Liquids:  
Pre-Procedure

**IV Fluids**

**IV Fluids**

[X] sodium chloride 0.9% (NS) infusion  
100 mL/hr, IntraVENous, Continuous, Pre-Procedure, Routine

[ ] sodium chloride 0.45% (HALF SALINE) infusion  
100 mL/hr, IntraVENous, Continuous, Pre-Procedure, Routine

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Date:_______ Time:_______ Printed Name of Ordering Provider:____________________________

Provider Signature:__________________________________________

Date:_______ Time:_______  RN Acknowledged: _______________________________

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Provider Initial:________________________

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**Physician Orders**

**Franciscan Health System**
St. Joseph Medical Center
St. Francis Hospital - St. Clare Hospital
St. Elizabeth Hospital - St. Anthony Hospital
Highline Medical Center
Harrison Medical Center
Franciscan Medical Group
Harrison HealthPartners
Regional Hospital

**Patient Information**