### INTERVENTIONAL RADIOLOGY PRE-PROCEDURE ORDERS

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**Sign and witness patient permit for _______ procedure.**

**Service:**

- **Contact Numbers:** Daytime – 272-1818 or 272-2097
- **After hours Radiology Resident:**
- **Radiology, Attending Physician Beeper:** [Cell Phone]

**Diagnosis:**

**Condition:** Stable [ ] Guarded [ ] Critical [ ]

**Allergies:**

**DIET & NPO Orders for adults and children > 6 months old:**
Give patient's regular medications with water and hold insulin if patient receives it with breakfast.

- **NPO starting ______ now, or starting at ________**
  - [ ] Advance as Tolerated
  - [ ] Diabetic 1,500 calorie
  - [ ] Diabetic 1,800 calorie
  - [ ] Diabetic 2,000 calorie
  - [ ] Renal with no fluid restrictions
  - [ ] Restrict fluid to 1 __________ 1.5 __________ 2 ______ / day

- [ ] If patient has not been NPO (of solid foods) for > 6 hours:
  - [ ] Reglan (Metoclopramide) 10 mg PO 1 hr prior

**NPO orders for children < 6 months old:**
- [ ] No solid, semi-solid foods or unclear fluids 4 hrs before exam
- [ ] No clear liquids 2 hrs before exam

**Temperature:**
- [ ] q 4 hr
- [ ] q 8 shift
- [ ] Other

**Labs:**
- [ ] CBC
- [ ] PT
- [ ] Creatinine
- [ ] C-Reactive Protein
- [ ] H/H
- [ ] PTT
- [ ] BUN
- [ ] Sedimentation Rate
- [ ] Platelet count
- [ ] Activated Clotting
- [ ] Other

**Pre-procedure sedatives (for adults) Be sure the permit is signed before giving sedation!!**

- [ ] None
- [ ] Valium PO [ ] 2 mg [ ] 5 mg [ ] 10 mg 1 hour prior to procedure or on call to X-ray.
- [ ] Valium IM [ ] 2 mg [ ] 5 mg 30 minutes prior to procedure or on call to X-ray
- [ ] Demerol IM [ ] 25 mg [ ] 50 mg 30 minutes prior to procedure or on call to X-ray
- [ ] Vistaril IM 50 mg 30 minutes prior to procedure or on call to X-ray
- [ ] Atropine IM 0.4 mg 30 minutes prior to procedure or on call to X-ray

**For anxious, confused or encephalopathic patients, consider:**

- [ ] Lorazepam (Ativan) PO: [ ] 0.5 mg [ ] 1 mg [ ] 2 mg (times one dose)
- [ ] Lorazepam (Ativan) IV: [ ] 0.5 mg [ ] 1 mg (times one dose)

  **(Remember, its sedation and amnesic effects last about 6 hours)**

- [ ] Haldol IM: [ ] 2.5 mg [ ] 5 mg

  **(Remember, oral-lingual and dyskinetic motion can be controlled by Benadryl 50 mg IV)**

- [ ] Other

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Pre-Procedure fluids in patients without renal insufficiency and without CHF, who are to receive IV or IA contrast.

☐ None ☐ NS ☐ 70 ml/hr ☐ 100 ml/hr; or ☐ 125 ml/hr
starting at ________ hours before exam, ________ now, or ________ (am/pm)
Other ____________________________

Pre-Procedure orders in patients with renal insufficiency (Creatinine > 2)
(Note: some use these protocol in all patients with Creatinine > 1:5 & AODM or have multiple myeloma or hyperuricemia)

IV Fluids: For renal insufficiency (Pre-Contrast) Mix Bicarbonate 150 mEq in 1 liter NS and administer as follows:
☐ 250 ml/hr for one hour prior to exam (ie for 70 kg patient) or
☐ ________ ml/hr for one hour prior to exam. Then
☐ 100 ml/hr for 6 hours (ie for 70 kg patient) or
☐ ________ ml/hr for 6 hours prior to exam.
☐ Encourage PO fluids till 2-3 hours before procedure.
Stop the following drugs:
☐ ________ hours before exam ________ now or ________ ________/_______ (date/time)
Ace-inhibitors, Non-steroidal Anti-Inflammatory Drugs (NSAIDS)

☐ Stop Glucophage after the procedure and do not restart till serum Creatinine is checked 48 hrs after contrast and is found to be at the pre-procedure level.
Acetylcysteine (Mucomist) 600 mg PO BID on the day prior to the procedure and on the day of the procedure.

Coagulopathy Management for angiography, biopsies and drainages

Start the following medications:
☐ Stop ______ Aspirin, ______ Clopidogrel (Plavix), ______ Ticlopidine (Ticlid)
On ______/_______ (date/time) or ________ days before procedure (usually 5-7 days, except in vasculopathies)

☐ Stop Coumadin on ______/_______ (date/time) or ________ days before procedure
(usually 3-5-7 days; check PT)

☐ Stop IV Heparin on ______/_______ (date/time) or ________ hours before procedure
(usually 4 hours)

☐ Stop SQ Heparin on ______/_______ (date/time) or ________ hours before procedure
(usually > 12 hours)

☐ Stop Lovenox on ______/_______ (date/time) or ________ hours before procedure
(usually 12 hrs if qd or 18 hours if BID)
Start the following medications:

- Start Aspirin □ 81 mg or □ 325 mg PO QD
- Start Clopidogrel (Plavix) □ 375 mg PO, 1 hour pre-procedure
- Start Clopidogrel (Plavix) □ 75 mg PO QD
- Start Aboximab (ReoPro) 0.25 microgram/kg IV bolus 10 minutes pre-procedure, then
  10 microgram/minute x 12 hours
- Start Heparin IV ______ now, or ____________ on _______ (date/time)
  - Dose: □ 500 units/hr □ 700 units/hr, or □ 1,000 units/hr.
- Obtain PTT q 4 hours: ______ call results to ______ (phone #)
- Vitamin K, 10 mg PO □ ______, □ tonight, □ night before procedure;
- Type and Screen □ ______ units for ______ units/packed cells.
  - Platelets □ ______ units of ______ platelets, or ______ units/packed cells.
  - Packed Red Cells □ ______ units starting on ______ (date/time)
  - Fresh frozen plasma □ ______ units starting on ______ (date/time)
  - Protamine □ ______ mg IV in 25-50 ml NS, infused over 30 minutes
    - start: ______ now, or on ______ (date/time)

(Note: 1 mg Protamine neutralized 100 mg IV heparin. Decrease Protamine dosage by ½ for every 30 minutes since the IV heparin was given. Eg: 30 mg of Protamine will neutralize 300 units of IV Heparin just administered. If this dose of Heparin was given 30 minutes ago, you need only 15 mg of Protamine) (Note: Protamine can create allergic reaction in patients who have received Porcine Insulin.)

Pre-Treatment of patients with Cardiac or Respiratory reactions to iodinated contrast media:

- Prednisone 50 mg PO (Usually 13 hrs, then 7 hrs, then 1 hr prior to procedure)
  - at ______ then ______ then ______ (date/time).
  - or Hydrocortisone 100 mg IV 1 hour or immediately prior to procedure. OR
  - or Methylprednisolone 125 mg IV 1 hour or immediately prior to procedure. OR
  - or Decadron 10 mg IV 1 hour or immediately prior to procedure.

AND
- Benadryl 50 mg IV 1 hour or immediately prior to procedure. AND
- Cimetidine (Tagamet) 300 mg IV 1 hour or immediately prior to procedure.

Pre-procedure renal protective agents:

- Acetylcysteine (Mucinost) 600 mg PO BID on day prior to the procedure AND
  - on the day of the procedure.
- Fenoldopam
  - Must be given in a setting with nurses to monitor BP q 10-15 minutes.
  - Start at 0.1 microgram/kg/minute, starting 2 hours before exam;
  - Monitor BP q 10 - 15 minutes;
  - If the BP does not drop 30 mm HG below the baseline systolic reading:
    - Increase dosage by 0.1 microgram/kg/minute q 15 minutes
    - till you reach a maximum dose of 0.3 microgram/kg/min.

Continue to monitor BP q 10-15 minutes till the drug is stopped.

If at any time the systolic BP drops more than 30 mm HG below the baseline:
- Decrease dose by 0.1 microgram/kg/min.
- If the systolic BP drops to 100 or below, stop Fenoldopam
- till BP rises above 100 and
- then re-start at 0.1 microgram/kg/min below the dosage which lowered the BP.
- Continue for 6 hrs after the termination of the procedure.

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