

Allergies: \_\_\_\_\_ Service \_\_\_\_\_ Weight \_\_\_\_\_ (Kg)

Date MD  
Time CNP  
Initial

**INTERVENTIONAL RADIOLOGY  
PRE-PROCEDURE ORDERS**

Date RN  
Time Initials

	Name: _____ MR#: _____		
	Date: _____ Time: _____		
	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: _____		
	<b>DIET &amp; NPO Orders for adults and children &gt; 6 months old:</b> 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 _____ Regular Diet _____ Diabetic _____ 1,500 calorie _____ 1,800 calorie _____ 2,000 calorie _____ Renal _____ with no fluid restrictions _____ restrict fluid to _____ 1 _____ 1.5 _____ 2 _____ / day <input type="checkbox"/> If patient has not been NPO (of solid foods) for > 6 hours: Reglan (Metoclopramide) 10 mg PO 1 hr prior <b>NPO orders for children &lt; 6 months old:</b> <input type="checkbox"/> No solid, semi-solid foods or unclear fluids 4 hrs before exam <input type="checkbox"/> No clear liquids 2 hrs before exam		
	Temperature: <input type="checkbox"/> q 4 hr <input type="checkbox"/> q 8 shift <input type="checkbox"/> Other _____		
	Labs: <input type="checkbox"/> CBC <input type="checkbox"/> PT <input type="checkbox"/> Creatinine <input type="checkbox"/> C-Reactive Protein <input type="checkbox"/> H/H <input type="checkbox"/> PTT <input type="checkbox"/> BUN <input type="checkbox"/> Sedimentation Rate <input type="checkbox"/> Platelet count <input type="checkbox"/> Activated Clotting <input type="checkbox"/> Other _____		
	<b>Pre-procedure sedatives (for adults) Be sure the permit is signed before giving sedation!!</b> <input type="checkbox"/> None <input type="checkbox"/> Valium PO <input type="checkbox"/> 2 mg <input type="checkbox"/> 5 mg <input type="checkbox"/> 10 mg 1 hour prior to procedure or on call to X-ray. <input type="checkbox"/> Valium IM <input type="checkbox"/> 2 mg <input type="checkbox"/> 5 mg 30 minutes prior to procedure or on call to X-ray <input type="checkbox"/> Demerol IM <input type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg 30 minutes prior to procedure or on call to X-ray <input type="checkbox"/> and Vistaril IM 50 mg 30 minutes prior to procedure or on call to X-ray <input type="checkbox"/> and Atropine IM 0.4 mg 30 minutes prior to procedure or on call to X-ray  <b>For anxious, confused or encephalopathic patients, consider:</b> <input type="checkbox"/> Lorazepam (Ativan) PO: <input type="checkbox"/> 0.5 mg <input type="checkbox"/> 1 mg <input type="checkbox"/> 2 mg (times one dose) <input type="checkbox"/> Lorazepam (Ativan) IV: <input type="checkbox"/> 0.5 mg <input type="checkbox"/> 1 mg (times one dose) (Remember, its sedation and amnesic effects last about 6 hours) <input type="checkbox"/> Haldol IM: <input type="checkbox"/> 2.5 mg <input type="checkbox"/> 5 mg (Remember, oral-lingual and dyskinesic motion can be controlled by Benadryl 50 mg IV) <input type="checkbox"/> Other _____		

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Date	Time	RN Name - Please Print		Signature	Initial
Date	Time	Clerk Name-Please Pr		Signature	Initial

Patient Identification Label

Name/ MR#: _____ / _____	Date and Time: _____
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**Pre-Procedure fluids in patients without renal insufficiency and without CHF, who are to receive IV or IA contrast.**

<input type="checkbox"/> None <input type="checkbox"/> NS <input type="checkbox"/> 70 ml/hr <input type="checkbox"/> 100 ml/hr; or <input type="checkbox"/> 125 ml/hr starting at _____ hours before exam, _____ now, or _____ (am/pm) Other _____
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**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)**

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

<b>Start the following medications:</b> <input type="checkbox"/> Stop _____ Aspirin, _____ Clopidogrel (Plavix), _____ Ticlopidine (Ticlid) On _____ / _____ (date/time) or _____ days before procedure (usually 5-7 days, except In vasculopath)  <input type="checkbox"/> Stop Coumadin on _____ / _____ (date/time) or _____ days before procedure (usually 3-5-7 days; check PT) <input type="checkbox"/> Stop IV Heparin on _____ / _____ (date/time) or _____ hours before procedure (usually 4 hours) <input type="checkbox"/> Stop SQ Heparin on _____ / _____ (date/time) or _____ hours before procedure (usually > 12 hours) <input type="checkbox"/> Stop Lovenox on _____ / _____ (date/time) or _____ hours before procedure (usually 12 hrs if qd or 18 hours if BID)
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 Date and Time: \_\_\_\_\_

**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 Abciximab (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
- Type and Cross for \_\_\_\_\_ units of \_\_\_\_\_ platelets, or \_\_\_\_\_ units/packed cells.
- Platelets \_\_\_\_\_ 2 units, or \_\_\_\_\_ units starting on \_\_\_\_\_ / \_\_\_\_\_ (date/time)
- Packed Red Cells \_\_\_\_\_ 2 units, or \_\_\_\_\_ units starting on \_\_\_\_\_ / \_\_\_\_\_ (date/time)
- Fresh frozen plasma \_\_\_\_\_ 2 units or \_\_\_\_\_ 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 3,000 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**
  - Methylprednisolone 125 mg IV 1 hour or immediately prior to procedure. **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 (Mucomist) 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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