Unique Plan Description: PROC Special Procedures VC
Plan Selection Display: PROC Special Procedures VC
PlanType: Medical
Version: 1
Begin Effective Date: 10/16/2013 17:38
End Effective Date: Current
Available at: Ascension Health
  VC Rehab Hosp
  VCH Behav Hlth
  VCH HH Hospice
  VCH Select
  VCH St Francis
  VCH St Joseph
  VCH St Teresa
  VCHSJ Assess
  VCHSJ SBH
  VCHST IP Rehab

Pre-Procedure
Admit/Transfer/Discharge/Status
☐ Obtain consent
  T;N, For Bronchoscopy (DEF)*
  T;N, For Catheter Insertion
  T;N, For Chest Tube Insertion
  T;N, For Colonoscopy
  T;N, For Double Balloon Enteroscopy for small bowel and ileum- oral approach
  T;N, For Double Balloon Enteroscopy for small bowel and ileum- rectal approach
  T;N, For Endoscopic Retrograde Cholangiopancreatography
  T;N, For Esophageal Motility
  T;N, For Esophagogastroduodenoscopy
  T;N, For Esophagogastroduodenoscopy with PEG Placement
  T;N, For Flexible Sigmoidoscopy
  T;N, For Percutaneous Liver Biopsy
  T;N, For Liver Biopsy with possible sedation
  T;N, For Thoracentesis
  T;N, For 24 hour pH Insertion

Patient Care
☐ Peripheral IV Insertion
  T;N, Saline lock (DEF)*
  T;N, Saline lock, 18 gauge if possible
☐ Vital Signs
  T;N, per Sedation Protocol
☐ Blood Pressure
  T;N, Non-invasive monitoring
☐ Cardiac Monitoring
  T;N, Continuous
☐ Pulse Oximetry
  T;N, Constant order
☐ SURG Pre-Operative SCIP VC(SUB)*

Diet/Nutrition
☐ NPO
  T;N, As directed. Liver Biopsy stated 6-12 hours.

Laboratory
**Double Balloon Enteroscopy - Pre op labs per anesthesia protocol(NOTE)*
**Liver Biopsy(NOTE)*
☐ PT/INR
Blood, Routine Collect, T;N

CBC Hemogram

Blood, Routine Collect, T;N

Diagnostic Tests

- Electrocardiogram
  
  T;N
  
  **Liver Biopsy (NOTE)**

- Liver Biopsy US
  
  T;N, Routine, Reason: Other (please specify), Reason: To mark from liver biopsy

Respiratory

- End Tidal CO2 Monitoring
  
  T;N, For moderate/deep sedation, Constant Indicator

- Oxygen Therapy
  
  T;N, Titrate to maintain SpO2 greater than 90%

Intra-Procedure Medications

Liver Biopsy

- Sublimaze
  
  25 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*
  
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  50 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  100 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

- Morphine
  
  2 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*
  
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  4 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  6 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  8 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  10 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

- Versed
  
  1 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
  
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  2 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
  
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  0.5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
  
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

- Valium
  
  10 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
  
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation
administering procedural sedation

15 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider

5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider

HYDROcodone-acetaminophen 5 mg-500 mg oral tablet
1 tabs, Oral, Form: Tab, q4hr, PRN Pain, Order Duration: 24 hr (DEF)*
2 tabs, Oral, Form: Tab, q4hr, PRN Pain, Order Duration: 24 hr

Esophagogastroduodenoscopy

Sublimaze

25 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider

50 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider

100 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider

morphine

2 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider

4 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider

6 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider

8 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider

10 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider

Versed

1 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider

2 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider

0.5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider

Valium

10 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider

15 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider

5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider
ceFAZolin
1 gm, IV Push, Once, Prophylaxis of infection: Pre-op, Form: Injection (DEF)*
Comments: Give within 60 minutes of the incision
2 gm, IV Push, Once, Prophylaxis of infection: Pre-op, Form: Injection
Comments: Give within 60 minutes of the incision
3 gm, IV Push, Once, Prophylaxis of infection: Pre-op, Form: Injection
Comments: Give within 60 minutes of the incision

vancomycin
1 gm, IV Piggyback, Form: Soln-IV, Once, infuse over 90 minutes (DEF)*
Comments: Give within 120 minutes of incision
1.5 gm, IV Piggyback, Form: Soln-IV, Once
Comments: Give within 120 minutes of incision

Long Term Central Catheter Placement

ceFAZolin
1 gm, IV Push, Once, Prophylaxis of infection: Pre-op, Form: Injection (DEF)*
Comments: Give within 60 minutes of the incision
2 gm, IV Push, Once, Prophylaxis of infection: Pre-op, Form: Injection
Comments: Give within 60 minutes of the incision
3 gm, IV Push, Once, Prophylaxis of infection: Pre-op, Form: Injection
Comments: Give within 60 minutes of the incision

vancomycin
1 gm, IV Piggyback, Form: Soln-IV, Once, infuse over 90 minutes (DEF)*
Comments: Give within 120 minutes of incision
1.5 gm, IV Piggyback, Form: Soln-IV, Once
Comments: Give within 120 minutes of incision

lidocaine 4% topical solution
1 app, Topical, Once, Form: Soln-Top

Sublimaze
25 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider admininstering procedural sedation
50 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider admininstering procedural sedation
100 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider admininstering procedural sedation

Versed
1 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider admininstering procedural sedation
2 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider admininstering procedural sedation
0.5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider admininstering procedural sedation

Bronchoscopy

Sublimaze
25 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider admininstering procedural sedation
50 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider admininstering procedural sedation
100 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

morphine

2 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

4 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

6 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

8 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

10 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

Versed

1 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

2 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

0.5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

Valium

10 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

15 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

Colonoscopy

Sublimaze

25 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

50 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

100 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

morphine

2 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

4 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

6 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

8 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

10 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

Versed

1 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

2 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

0.5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

Valium

10 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

15 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

Double Balloon Enteroscopy

Sublimaze

25 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

50 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

100 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

morphine

2 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

4 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

6 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

8 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

10 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr

Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

Versed

1 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

2 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

0.5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

Valium
10 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

15 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

propofol 1000 mg/100 mL emulsion premix (IVS)*
Premix
propofol IV additive
1,000 mg, 5 mcg/kg/min

Chest Tube Insertion
Sublimaze
25 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

50 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

100 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

morphine
2 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

4 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

6 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

8 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

10 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

Versed
1 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

2 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation
0.5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

Valium
10 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

15 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

Thoracentesis
Sublimaze
25 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

50 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

100 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

morphine
2 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

4 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

6 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

8 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

10 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

Versed
1 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

2 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

0.5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

Valium
10 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

15 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation
5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

**ERCP**

- **Sublimaze**
  25 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  50 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  100 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

- **morphine**
  2 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  4 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  6 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  8 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  10 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

- **Versed**
  1 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  2 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  0.5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

- **Valium**
  10 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  15 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

  5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

- **glucagon**

  1 mg, IV Push, Form: Vial, Once

**Flexible Sigmoidoscopy**

- **Sublimaze**
  25 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation
50 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

100 mcg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

☐ morphine
  2 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr (DEF)*
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

4 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

6 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

8 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

10 mg, IV Push, Form: Injection, q1hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

☐ Versed
  1 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

2 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

0.5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

☐ Valium
  10 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr (DEF)*
  Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

15 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

5 mg, IV Push, Form: Injection, q2hr, PRN Sedation, Order Duration: 4 hr
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

PH Insertion
  ☐ Lidocaine Viscous
    1 app, Topical, Once

Esophageal Motility
  ☐ Lidocaine Viscous
    1 app, Topical, Once

Communication Orders
  ☐ Communication Order
    T;N, Have cup of ice available for specimens

Post-Procedural Patient Care
  **Liver Biopsy**(NOTE)*

Vital Signs
  T;N, q5minx4, q15min x 5, q30min x4, then q1hr x2, If vital signs are stable with no evidence of
hemorrhage at 6 hours, patient can be discharged home. (DEF)*
T;N, q15min x 2hrs, q30min x 2hrs, then q1hr x 2hrs, If vital signs are stable with no evidence of hemorrhage at 7 hours, patient can be discharged home.
T;N, q15min x 4, q30min x2, then q1hr x2, If vital signs are stable with no evidence of hemorrhage at 6 hours, patient can be discharged home.

☑ Peripheral IV Discontinue
T;N, Post procedure prior to dismissal, if outpatient

**Percutaneous Endoscopic Gastrostomy** *(NOTE)*

☐ Vital Signs
T;N, q15min x 4, q30min x4, then q1hr x4

☐ Tube/Drain Site care
T;N, Gastrostomy Tube Care

**Thoracentesis** *(NOTE)*

☐ Vital Signs
T;N, q1hr, Monitor patient post procedure for 1 hour or until stable vital signs and no SOA

Activity

**Liver Biopsy** *(NOTE)*

☐ Bedrest
T;N, Patient will remain on right side with sandbag for 2 hours, then may roll to the back. At 3 hours, patient may sit up. (DEF)*
T;N, Keep patient on right side for 4 hours, then advance activity slowly as tolerated

**Long-Term Central Line Catheter Insertion** *(NOTE)*

☐ Dressing Apply
T;N, Catheter dressing per house-wide policy.

Diet/Nutrition

**Liver Biopsy** *(NOTE)*

☐ NPO
T;N, Remain NPO for 3 hours post procedure, then may sip clear liquids if sitting up and no other problems noted.

☐ Nurse Management Of Diet After NPO
T;N, Clear Liquids

**Double Balloon Enteroscopy** *(NOTE)*

☐ Nurse Management Of Diet After NPO
T;N, General Diet (DEF)*
T;N, Carbohydrate Counting Diet, Carbs 60g/meal
T;N, Heart-healthy Diet

**Percutaneous Endoscopic Gastrostomy** *(NOTE)*

☐ NPO
T;N, See Order Comment

Comments: Do not use for tube or PO feed for 24 hours and place to dependent drainage. After 24 hours begin sterile water at 50 mL/hr via G-Tube for 4 hours. If no pain, fever, complications from patient, begin tube feeding per recommendations of attending physician after sterile water feeding.

Diagnostic Tests

☐ XR Chest 1 View Frontal
T;N, Stat, Reason: Other (please specify), Reason: Post Procedure

☐ Liver Biopsy US

**Long-Term Central Line Catheter Insertion** *(NOTE)*

☐ Fluoroscopy XR Up to 1 Hour
T;N, Reason: Other (please specify)

Communication Orders

☐ Notify Provider Vital Signs
T;N, T greater than 38, HR greater than 100, SBP less than 100, DBP less than 60, Abdominal pain (DEF)*
T;N, HR greater than 110, SBP greater than 200, SBP less than 90, DBP greater than 100, DBP less
than 40

**Percutaneous Endoscopic Gastrostomy** *(NOTE)*

☐ Communication Order

   *T;N, Abdominal binder to prevent accidental pulling of tube*

☐ Notify Provider

   *T;N, For any questions regarding PEG tube*

*Report Legend:*
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase