Unique Plan Description: RAD Procedure VC
Plan Selection Display: RAD Procedure VC
PlanType: Medical
Version: 1
Begin Effective Date: 9/24/2013 11:11
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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

RAD Intra-Procedure
Medications

***Dosing based upon weight for the following agents
1. Cefazolin - < 80 kg - 1 gm
   80 kg - 120 kg - 2 gm
   > 120 kg - 3 gm
2. Clindamycin - < = 100 kg - 600 mg
   > 100 kg - 900 mg
3. Cefotetan - < = 80 kg - 1 gm
   > 80 kg - 2 gm
4. Vancomycin - < = 100 kg - 1 gm
   > 100 kg - 1.5 gm***(NOTE)*

Sedatives

☐ Sublimaze
   50 mcg, IV Push, q5min, PRN Sedation, Order Duration: 5 doses, Form: Injection (DEF)*
   Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

☐ Versed
   1 mg, IV Push, q5min, PRN Sedation, Order Duration: 10 doses, Form: Injection (DEF)*
   Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

   2 mg, IV Push, q5min, PRN Sedation, Order Duration: 5 doses, Form: Injection
   Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

   0.5 mg, IV Push, q3min, PRN Sedation, Order Duration: 10 doses, Form: Injection
   Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

☐ Dilaudid
   1 mg, IV Push, q5min, PRN Sedation, infuse over 2 minutes, Order Duration: 2 doses, Form: Injection (DEF)*
   Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

   0.5 mg, IV Push, q5min, PRN Sedation, infuse over 2 minutes, Order Duration: 2 doses, Form: Injection
   Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

☐ morphine
   2 mg, IV Push, q5min, PRN Sedation, Order Duration: 10 doses, Form: Injection (DEF)*
   Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

   4 mg, IV Push, q5min, PRN Sedation, Order Duration: 10 doses, Form: Injection
   Comments: For use during the procedure ONLY as directed by the privileged provider
administering procedural sedation
1 mg, IV Push, q5min, PRN Sedation, Order Duration: 10 doses, Form: Injection
Comments: For use during the procedure ONLY as directed by the privileged provider administering procedural sedation

Antiemetics
☐ Zofran

4 mg, IV Push, Once, Form: Vial

Abdominal/Colorectal Procedure
***Drug of Choice*** (NOTE)*

☐ cefoTETan

1 g, IV Piggyback, Once, PRN Other (See Comment), Form: Injection (DEF)*
2 g, IV Piggyback, Once, PRN Other (See Comment), Form: Injection

***Alternative Antibiotics - Give both Ciprofloxacin and Metronidazole*** (NOTE)*

☐ Cipro

400 mg =, IV Piggyback, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Form: Soln-IV
Comments: Give within 120 minutes of incision

☐ Flagyl

500 mg, IV Piggyback, Once, PRN Other (See Comment), Infuse over 1 hr, Form: Soln-IV
Comments: Give within 120 minutes of incision

***Give vancomycin in addition to selected antibiotic if patient is MRSA colonized*** (NOTE)*

☐ vancomycin

0.5 gm, Infuse Over: 90 minutes, IV Piggyback, Once, PRN Other (See Comment), Form: Soln-IV (DEF)*
Comments: Give within 120 minutes of incision

1 gm, Infuse Over: 90 minutes, IV Piggyback, Once, PRN Other (See Comment), Form: Soln-IV (DEF)*
Comments: Give within 120 minutes of incision

1.5 gm, IV Piggyback, Once, PRN Other (See Comment), Form: Soln-IV
Comments: Give within 120 minutes of incision

Gynecologic Procedure
***Drug of Choice*** (NOTE)*

☐ cefoTETan

1 g, IV Piggyback, Once, PRN Other (See Comment), Form: Injection (DEF)*
2 g, IV Piggyback, Once, PRN Other (See Comment), Form: Injection

***Alternative Antibiotics - Give both Ciprofloxacin and Clindamycin*** (NOTE)*

☐ Cleocin Phosphate

600 mg, IV Piggyback, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Infuse over 30 minutes, Form: Soln-IV (DEF)*
Comments: Give within 120 minutes of incision

900 mg, IV Piggyback, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Infuse over 60 minutes, Form: Soln-IV
Comments: Give within 120 minutes of incision

☐ Cipro

400 mg =, IV Piggyback, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Form: Soln-IV
Comments: Give within 120 minutes of incision

***Give vancomycin in addition to selected antibiotic if patient is MRSA colonized*** (NOTE)*

☐ vancomycin

1 gm, Infuse Over: 90 minutes, IV Piggyback, Once, PRN Other (See Comment), Form: Soln-IV (DEF)*
Comments: Give within 120 minutes of incision

1.5 gm, IV Piggyback, Once, PRN Other (See Comment), Form: Soln-IV
Comments: Give within 120 minutes of incision

Urologic/Genitourinary
***Drug of Choice*** (NOTE)*

☐ ceFAZolin

1 gm, IV Push, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Form: Syringe (DEF)*
Comments: Give within 60 minutes of the incision
2 gm, IV Push, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Form: Syringe
Comments: Give within 60 minutes of the incision
3 gm, IV Push, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Form: Syringe
Comments: Give within 60 minutes of the incision

***Alternative Antibiotic*** (NOTE)*
- Cipro
  400 mg, IV Piggyback, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Form: Soln-IV
  Comments: Give within 120 minutes of incision

Vascular Procedure
***Drug of Choice*** (NOTE)*
- ceFAZolin
  1 gm, IV Push, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Form: Syringe (DEF)*
  Comments: Give within 60 minutes of the incision
  2 gm, IV Push, Once, PRN Other (SeeComment), Prophylaxis of infection: Surgical, Form: Syringe Comments: Give within 60 minutes of the incision
  3 gm, IV Push, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Form: Syringe Comments: Give within 60 minutes of the incision

***Alternative Antibiotic or give vancomycin if patient is MRSA colonized*** (NOTE)*
- vancomycin
  1 gm, Infuse Over: 90 minutes, IV Piggyback, Once, PRN Other (See Comment), Form: Soln-IV (DEF)*
  Comments: Give within 120 minutes of incision
  1.5 gm, IV Piggyback, Once, PRN Other (See Comment), Form: Soln-IV
  Comments: Give within 120 minutes of incision

Orthopedic Procedure
***Drug of Choice*** (NOTE)*
- ceFAZolin
  1 gm, IV Push, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Form: Syringe (DEF)*
  Comments: Give within 60 minutes of the incision
  2 gm, IV Push, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Form: Syringe Comments: Give within 60 minutes of the incision
  3 gm, IV Push, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Form: Syringe Comments: Give within 60 minutes of the incision

***Alternative Antibiotic*** (NOTE)*
- Cleocin Phosphate
  600 mg, IV Piggyback, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Infuse over 30 minutes, Form: Soln-IV (DEF)*
  Comments: Give within 120 minutes of incision
  900 mg, IV Piggyback, Once, PRN Other (See Comment), Prophylaxis of infection: Surgical, Infuse over 60 minutes, Form: Soln-IV
  Comments: Give within 120 minutes of incision

***Give vancomycin in addition to selected antibiotic if patient is MRSA colonized*** (NOTE)*
- vancomycin
  1 gm, Infuse Over: 90 minutes, IV Piggyback, Once, PRN Other (See Comment), Form: Soln-IV (DEF)*
  Comments: Give within 120 minutes of incision
  1.5 gm, IV Piggyback, Once, PRN Other (See Comment), Form: Soln-IV
  Comments: Give within 120 minutes of incision

RAD Post-Procedures
Admit/Transfer/Discharge/Status
***If patient is being Admitted to the Hospital the ADMIT ICU or ADMIT Med-Surg Admission plan needs to be initiated.*** (NOTE)*
Discharge Patient

T;N, to home when discharge criteria met (DEF)*
T;N, To home, in 1 hours if discharge criteria are met
T;N, To home, in 2 hours if discharge criteria are met
T;N, To home, in 3 hours if discharge criteria are met.
T;N, To home, in 4 hours if discharge criteria are met.
T;N, To home, in 6 hours if discharge criteria are met.
T;N, To home, in 8 hours if discharge criteria are met.

Transfer Patient

T;N, ICU (DEF)*
T;N, MED/SURG
T;N, Ambulatory Care

Patient Care

Encourage Fluids

T;N

Intake and Output

T;N, Keep catheter open to external drainage. Measure and record drainage every 8 hours.

Saline Lock Convert From IV

T;N, with IV Flashes per Protocol.

Wound Care Routine

T;N, For vascular closure device, remove groin dressing after 24hrs. Gently clean site with mild soap and water and dry area. Cover site with an adhesive bandage. Cover with new bandage daily until the skin heals. (DEF)*
T;N, Check back wound for bleeding with Vital Signs

Urinary Catheter Insertion

T;N, Straight, Once, if unable to void

Vital Signs

T;N, Groin, Pulse checks q15min x 1 hour, q30min for 1 hour, q1hr for 4 hours, then q1hr until stable. Routine if stable. (DEF)*
T;N, q15min x 4, q30min x 2, q1hr x 2, then Per Unit Routine
T;N, q30min x 2, q1hr x 2, then Per Unit Routine
T;N, q30min x 2
T;N, Once, Post-procedure

Neurological Checks

T;N, q15min x 1 hour, q30min for 1 hour, q1hr for 4 hours, then q1hr until stable. Routine if stable.

Orthostatic Vital Signs

T;N, Prior to discharge

Peripheral IV Discontinue

T;N, Prior to Discharge

Urinary Catheter Insertion

T;N, Indwelling, once PRN for Procedure

Urinary Catheter Discontinue

T;N, Prior to Discharge

Irrigate urinary catheter

T;N, PRN, Indwelling Catheter, Irrigate with Toomey syringe (DEF)*
T;N, 3-Way Indwelling Catheter, Continuous irrigation with normal saline.

Nasogastric/Orogastric Tube Insertion

T;N, Routine

Treatment Instructions

T;N

Tube/Drain Site care

T;N, Urinary Catheter Care

Chest Tube Monitoring

T;N, Chest tube inserts
☐ Dressing Change
   
   T;N, Daily, and PRN

Activity

☐ Bedrest
   T;N

☐ Bedrest with Bathroom Privileges
   T;N

☐ Elevate Head of Bed
   T;N, 4 hr, Elevate to 45 deg (DEF)*
   Comments: Patient not to bend ________ leg for ________ hours

   T;N, Elevate to 30 deg
   Comments: Patient not to bend ________ leg for ________ hours

Diet/Nutrition

☐ Nurse Management Of Diet After NPO
   T;N
   Comments: Continue as prescribed per primary care provider or attending pre-procedural order.

☐ NPO
   T;N
   Comments: Until after CXR

☐ Clear Liquid Diet
   T;N (DEF)*
   T;N+60
   Comments: x1 upon arrival to floor.

☐ Carbohydrate Counting Diet
   T;N, Carbs 60g/meal

☐ Snack
   T;N

Continuous Infusions

☐ Sodium Chloride 0.9%
   Total Volume (mL): 1,000, IV, 50 mL/hr (DEF)*
   Total Volume (mL): 1,000, IV, 75 mL/hr
   Total Volume (mL): 1,000, IV, 100 mL/hr
   Total Volume (mL): 1,000, IV, 125 mL/hr
   Total Volume (mL): 1,000, IV, 150 mL/hr

Medications

☐ Norco 5 mg-325 mg oral tablet
   2 tabs, Oral, Form: Tab, q4hr, PRN Pain
   Comments: Moderate Pain.Max 4 grams Acetaminophen daily from all sources.

☐ sodium chloride 0.9% irrigation solution
   500 mL, Irrigation, Once

☐ Zofran
   4 mg, IV Push, q6hr, PRN Nausea, Form: Vial
   Comments: 1st line for nausea

☐ Reglan
   10 mg, IV Push, q6hr, PRN Nausea, infuse over 2 minutes, Form: Vial
   Comments: 2nd line for nausea

☐ Compazine
   10 mg, IV Push, q6hr, PRN Nausea, Form: Vial
   Comments: 3rd line for nausea

☐ Zofran
   4 mg, Oral, q6hr, PRN Nausea, Form: Tab
   Comments: 1st line for nausea if unable to tolerate oral administration

☐ oxyCODONE-acetaminophen 5 mg-325 mg oral tablet
1 tabs, Oral, q4hr, PRN Pain, Form: Tab (DEF)*
1,000 mg, Oral, Form: Tab, q4hr, PRN Pain

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

Zofran
4 mg, IV Push, Form: Vial, q4hr, PRN Nausea

"***Give albumin based on volume of ascitic fluid removal as follows: - 5 to 9 liters give albumin 25 gm - >9 liters give albumin 50 gm***"(NOTE)*

albumin human 25% intravenous solution
25 gm, IV Piggyback, Form: Vial, Once (DEF)*
Comments: Infuse over 1 hour
50 gm, IV Piggyback, Form: Vial, Once
Comments: Infuse over 1 hour

Laboratory
Pathology Surgical Order
T;N, RT - Routine

Diagnostic Tests
XR Chest 1 View Frontal
T;N, Routine, Reason: Post Procedure. To be done 2 hours after procedure. (DEF)*
T;N, Stat, Reason: Post Procedure

XR Chest 2 Views
T;N, Routine, Reason: Rule out pneumothorax
Comments: PA CXR upright expiratory phase at _________. Show Dr. ___________ before patient leaves RAD department.

XR Chest 2 Views
T;N, Routine, Reason: Check Hickman insertion placement
Comments: CXR upright PA inspiration/expiration immediately after hickman insertion to check placement. Immediately show films to Dr. ___________

XR Myelography Lumbosacral
T;N, Routine

US Pelvis Non-OB Limited
T+1;0600, Routine
Comments: U/S groin in A.M.

IR TIPS Insertion w/ Image
T;N, Routine

IR Uterine Fibroid Embolization w/ Img
T;N, Routine

IR Guidance IVC Filter w/ Image
T;N, Routine

MRI Biopsy Lung Left
T;N, Routine

MRI Biopsy Lung Right
T;N, Routine

Consults/Referrals
Consult to MD
T;N

Communication Orders
Notify Provider Vital Signs
T;N, T greater than 38.3, HR greater than 120, SBP less than 90, DBP less than 50, Notify Radiologist
Notify Provider
Notify physician or radiologist on-call for bleeding, shortness of breath, hemoptysis or pain not relieved with PRN medication or any acute medical concern.

- Notify Provider
  - T;N, Notify Radiologist for drop in pulse amplitude or change in circulation.
- Notify Provider
  - T;N, If bleeding occurs, apply pressure over puncture site and notify Radiologist.
- Notify Provider
  - T;N, Contact attending physician for feeding tube orders
- Communicate Order
  - T;N, Flush pegtube with 60mL every shift and after meds.
- Communicate Order
  - T;N, Flush drain.
- Communicate Order
  - T;N, Lift bolster-turn. Clean daily.
- Communicate Order
  - T;N, see reference text for Post-Procedure policy

**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