Interventional Radiology Biopsy Orders

DATE: ________________ TIME: ________________

Pre-Biopsy
- Record name of referring physician: ________________
- Contact number: ________________
- Have patient sign consent for ________________
  biopsy with procedural sedation and possible contrast to
  include, but not limited to, risks for bleeding, infection, allergic
  or strong reaction to medication any of which could be life
  threatening.
- If patient not able to sign consent, please have family member
  accompany patient to Radiology.
- Laboratory Tests. Record results here and place in chart.
  ( ) Hct __________ ( ) PTT
  ( ) Platelets __________ ( ) Bleeding Time __________
  ( ) PT __________
  ( ) INR __________
- Place H&P from ordering physician on chart. Obtain old chart.
- NPO after midnight before procedure.
- Patient may take all routine medications with sips of water
  morning of procedure.
- Do NOT take Coumadin, Lovenox, Plavix or ASA on day of
  procedure.
- Ask patient when they last took Coumadin, Plavix, Lovenox, or
  ASA. If within the last five days, CALL RADIOLOGY NURSE.

Post-Biopsy
Position
( ) Right side down for 1 hour
( ) Left side down for 1 hour
( ) Supine for: □ 2 hours □ 3 hours
  □ 4 hours □ 6 hours
- Vital signs every 15 minutes X 2, 30 minutes X 4, every 1 hour x 4,
  and then every 4 hours.
- If stable, □ May have clear liquids
  □ May have clear liquids after 2 hours
  □ May advance diet as tolerated
- May be discharged after
  □ 2 hours □ 4 hours □ 6 hours
  if stable and meets post sedation criteria. Call Radiologist first.
- CBC to be drawn: ________________
- Follow up PA Chest X-ray in ___________ hours
- Call Radiologist with results prior to discharge.

Discharge Instructions
1. No aspirin/non-steroidal anti-inflammatory medications
   for 24 hours.
2. No heavy lifting for 72 hours.
3. No travel more than 1 hour from hospital for 48 hours.
4. Not to drive for 24 hours.
5. If significant pain or bleeding go to the Emergency Room.
6. Follow-up with your personal physician for the results of the
   biopsy.
7. Make appointment with the patient’s referring Dr. ______________
   for follow-up and biopsy results.

MD: ________________________________________________

✓ Summary/Blanket orders are unacceptable.
✓ Medication orders must be complete.
✓ PRN medication orders must include an indication.
✓ Write legibly.
✓ Rewrite orders upon transfer and/or post-operatively.
✓ Date, time, and sign verbal & telephone orders within 48 hours.

DO NOT USE:
U MS
IU MSO
Q.D. MgSO
Q.O.D. Trailing zero
Lack of leading zero