**Interventional Radiology Pre-Angiogram Orders**

**DATE:** ________________ **TIME:** ________________

- Record name of referring physician: __________________
  Contact number: __________________

- Admit to ( ) Outpatient surgery
  ( ) Medical-Surgical floor
  ( ) Other: __________________

- Have patient sign consent for
  Angiogram to include possible TPA, angioplasty, subintimal dissection, stent, or atherectomy, sedation and contrast with risks to include, but not limited to, bleeding, infection, allergic or strong reaction to medications or sedation, vessel disruption, any of which could be limb or life threatening.

- Vital signs taken and recorded. If hypertensive or hypotensive **CALL RADIOLOGY NURSE.**

- H&P (faxed from referring physician’s office). If not present, please obtain.

- Obtain old chart.

- Laboratory (have faxed from physician’s office). If not within last 72 hours and/or abnormal, please draw and send STAT. Please **CALL RADIOLOGY NURSE** with abnormal values. Record results here and place in chart.
  ( ) BUN
  ( ) Creatinine
  ( ) CBC
  ( ) PT
  ( ) INR
  ( ) PTT
  ( ) K+ (Dialysis patients only)

- Keep patient NPO after midnight. Patient may take their normal medications with sips of water on the morning of procedure.

- Do **NOT** take Coumadin, Lovenox, Plavix, or ASA on day of procedure.

- Ask patient when they last took Coumadin, Lovenox, Plavix, or ASA. If within the last five days, **CALL RADIOLOGY NURSE.**

- Check, mark, and record peripheral pulses bilaterally.

- List allergies. Ask specifically for contrast allergy and if present, check if patient has been pre-medicated? If not call Radiology nurse.

- If patient is not able to consent, please have family accompany patient to Radiology.

- If Creatinine abnormal (1.5 or greater) check if patient has had mucosyst. If not, call Radiology nurse.

- Bicarb Protocol if Creatinine is greater than 1.5.

**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
- IU
- Q.D.
- Q.O.D.

- MS
- MSO₄
- MgSO₄
- Trailing zero
- Lack of leading zero

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**Physician’s Order Form**

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