

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)	DATE	TIME	INTRAVENOUS FLUID and MEDICATION ORDERS
<p>Interventional Radiology Pre- Angiogram Orders</p> <p>DATE: _____ TIME: _____</p> <ul style="list-style-type: none"> • 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 mucomyst. If not, call Radiology nurse. • Bicarb Protocol if Creatinine is greater than 1.5. <p>MD: _____</p>	<p>ALLERGY:</p>		
IVF and MEDICATION ORDERS ONLY	(This area contains a grid of crossed-out boxes for medication orders.)		

<ul style="list-style-type: none"> ✓ 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. 	<p>DO NOT USE:</p> <table style="width:100%; border: none;"> <tr><td>U</td><td>MS</td></tr> <tr><td>IU</td><td>MSO₄</td></tr> <tr><td>Q.D.</td><td>MgSO₄</td></tr> <tr><td>Q.O.D.</td><td>Trailing zero</td></tr> <tr><td colspan="2">Lack of leading zero</td></tr> </table>	U	MS	IU	MSO ₄	Q.D.	MgSO ₄	Q.O.D.	Trailing zero	Lack of leading zero	
U	MS										
IU	MSO ₄										
Q.D.	MgSO ₄										
Q.O.D.	Trailing zero										
Lack of leading zero											

PATIENT ID LABEL

Physician's Order Form

Interventional Radiology Pre-Angiogram Orders