ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid. INTRAVENOUS FLUID and MEDICATION PHYSICIAN'S ORDER DATE TIME (EXCLUDING IV Fluids and MEDICATIONS) **ORDERS Interventional Radiology Biopsy Orders ALLERGY:** DATE: TIME: _____ Pre-Biopsy and MEDICATION ORDERS ONLY Record name of referring physician: Contact number: Pre-Biopsy Have patient sign consent for ____ Heplock IV (prefer 18 gauge). 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 Post-Biopsy threatening. Analgesia (if not allergic) If patient not able to sign consent, please have family member () APAP 325 mg/Hydrocodone 5 mg 1 − 2 tablets po accompany patient to Radiology. every 4 hours PRN pain (Pain Scale Laboratory Tests. Record results here and place in chart. OR () PTT () Morphine Sulfate 2 to 4 mg IV every 2 hours PRN () Platelets __ () Bleeding Time MEDICATION ORDERS ONLY pain (Pain Scale _____) () 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. IVF and Ask patient when they last took Coumadin, Plavix, Lovenox, or ASA. If within the last five days, CALL RADIOLOGY NURSE. Post-Biopsy Position IVF and MEDICATION ORDERS ONLY () Right side down for 1 hour () Left side down for 1 hour () Supine for : □ 2 hours □ 3 hours □ 6 hours □ 4 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. MEDICATION ORDERS ONLY CBC to be drawn: Follow up PA Chest X-ray in 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. WF and 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: PATIENT ID LABEL Summary/Blanket orders are unacceptable. DO NOT USE: Medication orders must be complete. MS ΙU PRN medication orders must include an indication. MSO_4 Write legibly. O.D. $MgSO_4$ Rewrite orders upon transfer and/or post-operatively. Q.O.D. Trailing zero Date, time, and sign verbal & telephone orders within 48 hours. Lack of leading zero

Physician's Order Form Interventional Radiology Biopsy Orders