



Physician Orders ADULT: Radiology Moderate Sedation Plan

Radiology Moderate Sedation Plan

Non Categorized

R Procedural Moderate Sedation

Patient Care

- ☐ Consent Signed For
T;N

Continuous Infusion

- ☐ Sodium Chloride 0.45%
500 mL, IV, Routine, 10 mL/hr
- ☐ Sodium Chloride 0.9%
500 mL, IV, Routine, 10 mL/hr

Medications

- ☐ **+1 Hours** Isovue-300
400 mL, Injection, IV, once, Routine
- NOTE: Consider lower doses for patients greater than 65 years old or opiate naive.(NOTE)*
- ☐ fentaNYL
- ☐ 50 mcg, Injection, IV Push, once, PRN Sedation, STAT, (for 1 dose) (DEF)*
- ☐ 100 mcg, Injection, IV Push, once, PRN Sedation, STAT, (for 1 dose)
- ☐ fentaNYL
- 50 mcg, Injection, IV Push, q5min, PRN Sedation, NOW, (for 3 dose)
- ☐ midazolam
- ☐ 1 mg, Injection, IV Push, once, PRN Sedation, STAT, (for 1 dose) (DEF)*
- ☐ 2 mg, Injection, IV Push, once, PRN Sedation, STAT, (for 1 dose)
- ☐ midazolam
- 1 mg, Injection, IV Push, q5min, PRN Sedation, NOW, (for 3 dose)
- ☐ HYDROmorphine
- 1 mg, IV Push, q5min, PRN Sedation, NOW, (for 4 dose)
- ☐ morphine
- 2 mg, IV Push, once, PRN Sedation, STAT, (for 1 dose)
- ☐ naloxone
- 0.2 mg, IV Push, PRN Other, specify in Comment, STAT
Comments: PRN over sedation during procedure
- ☐ flumazenil
- 0.2 mg, IV Push, q1min, PRN Other, specify in Comment, STAT, (for 5 dose)
Comments: PRN over sedation during procedure. MAX Dose = 1 mg





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_____ Date	_____ Time	_____ Physician's Signature	_____ MD Number
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***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, see separate sheet
R-Required order

