



## Physician Orders ADULT: RAD Kyphoplasty Pre Procedure Plan

### Initiate Orders Phase

#### Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase  
*T;N, Phase: RAD Kyphoplasty Pre Procedure Phase, When to Initiate: \_\_\_\_\_*

#### RAD Kyphoplasty Pre Procedure Phase

### Admission/Transfer/Discharge

- ☐ Patient Status Initial Outpatient  
*T;N, Attending Physician: \_\_\_\_\_*  
*Reason for Visit: \_\_\_\_\_*  
*Bed Type: \_\_\_\_\_ Specific Unit: \_\_\_\_\_*  
*Outpatient Status/Service OP-Ambulatory Surgery*

### Vital Signs

- ☒ Vital Signs  
*T;N, Monitor and Record T,P,R,BP, on admission*

### Food/Nutrition

- ☐ NPO  
*Start at: T;N, Instructions: NPO except for medications, PATIENT MAY TAKE BLOOD PRESSURE MEDICATIONS ONLY PRIOR TO KYPHOPLASTY PROCEDURE, NPO after midnight prior to Kyphoplasty.*
- ☐ NPO  
*Start at: T;2359, Instructions: NPO except for medications, PATIENT MAY TAKE BLOOD PRESSURE MEDICATIONS ONLY PRIOR TO KYPHOPLASTY PROCEDURE, NPO after midnight prior to Kyphoplasty.*
- ☐ NPO  
*T+1;2359 Instructions: NPO except for medications | NPO except for sips of water, NPO except for blood pressure medications.*

### Patient Care

- ☒ Void Prior To Procedure  
*T;N, Void on Call to Xray Special Procedures Department*
- ☒ Transport Patient  
*T;N, Special Instructions: via stretcher on call to Special Procedures Department*
- ☒ Consent Signed For  
*T;N, Procedure: Kyphoplasty*
- ☒ INT Insert/Site Care  
*T;N, if not already present*

### Nursing Communication





**Physician Orders ADULT: RAD Kyphoplasty Pre Procedure Plan**

- ☒ Nursing Communication  
*T;N, Prior to kyphoplasty procedure do not allow patient to have Insulin, Oral Hypoglycemics, Aspirin, Clopidogrel, Warfarin, bivalarudin, argatroban, fondaparinux*

**Continuous Infusion**

- ☐ Sodium Chloride 0.45%  
*500 mL, IV, Routine, 10 mL/hr*  
*Comments: To keep vein open*

**Laboratory**

NOTE: If patient has taken Warfarin within past 5 days - place order for PT/INR below(NOTE)\*

- ☐ PT/INR  
*T;N, once, Type: Blood*
- ☐ CBC w/o Diff  
*T;N, once, Type: Blood*

**Diagnostic Tests**

- ☒ Spine Thoracic 2VW  
*T;N Reason for Exam: Back Pain, Routine, Stretcher*  
*Comments: pre kyphoplasty, on call to specials for kyphoplasty*
- ☒ Spine Lumbar 2/3VW  
*T;N Reason for Exam: Low Back Pain, Routine, Stretcher*  
*Comments: back pain, pre kyphoplasty, on call to specials for kyphoplasty*

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

