

Physician Orders ADULT RAD Perma-Cath Pre Procedure Plan

	Orders Phase ets/Protocols/PowerPlans				
	Initiate Powerplan Phase <i>T;N, Phase: RAD Perma-Cath Pre Procedure Phase. When to</i>				
RAD P	Initiate:erma-Cath Pre Procedure Phase				
A -l:	sion/Tuon of ou/Dischause				
_	ssion/Transfer/Discharge				
	Patient Status Initial Outpatient T;N, Attending Physician:				
	Reason for Visit:				
	Bed Type:Specific Unit:				
C 1/A	Outpatient Status/Service OP-Ambulatory Surgery				
FOOd/N	lutrition Places Read Order Comments to see the list of medications nations will stan prior to				
_	Please Read Order Comments to see the list of medications patient will stop prior to exam(NOTE)*				
	NPO				
	Start at: T;N, Instructions: NPO except for medications Comments: PATIENT MAY TAKE BLOOD PRESSURE MEDICATIONS ONLY PRIOR TO PERM CATH PROCEDURE, NPO after midnight prior to perm cath.				
Patient	t Care				
☑	INT Insert/Site Care T;N, Insert if no IV line present				
☑	Consent Signed For T;N Procedure: Perma-Cath				
Nursin	g Communication				
\square	Nursing Communication				
	T;N, Prior to perm-cath procedure do not allow patient to have Insulin, Oral Hypoglycemics, Aspirin, Clopidogrel, Warfarin, bivalarudin, argatroban, fondaparinux				
Contin	uous Infusion				
	+1 Hours Sodium Chloride 0.45% 1,000 mL, IV, Routine, 10 mL/hr				
Medica					
\square	+1 Hours ceFAZolin				
	1 g, IV Piggyback, IV Piggyback, N/A, Routine, (1 dose) Comments: Start antibiotic on call to Radiology Special Procedures Dept				
	If patient allergic to ceFAZolin order vanomycin below(NOTE)* +1 Hours vancomycin				
_	1 g, IV Piggyback, IV Piggyback, N/A, Routine, (1 dose),(Infuse over 1 hr), Comments: Start antibiotic on call to Radiology Special Procedures Dept				
Labora					
$\overline{\mathbf{Z}}$	HCT				
	utine, T;N once, Type: Blood				



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Date		Time	Physician's Signature	MD Number
		Routine, T;N once,	Type: Blood	
$\overline{\mathbf{v}}$	PTT	Noutine, 1,11 once,	туре. Бюой	
$\overline{\mathbf{Z}}$	PT/INR	Routine, T;N once,	Type: Blood	
M	Platelet	Routine, T;N once,	Type: Blood	
☑	Platelet	Count		

*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