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
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☐ Nursing Communication
   T:N, Prior to kyphoplasty procedure do not allow patient to have  Insulin, Oral Hypoglycemics, Aspirin, Clopidogrel, Warfarin, bivalirudin, 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

*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