Physician Orders ADULT: Myelogram Pre Procedure Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase

RAD Myelogram Pre Procedure Phase, When to Initiate:________________________

RAD Myelogram Pre Procedure Phase
Non Categorized
☐ Pre Op Diagnosis/Reason

Admission/Transfer/Discharge
☐ Patient Status Initial Outpatient

T;N Attending Physician: ____________________________

Reason for Visit: ____________________________ Specific Unit: ____________________________

Bed Type: ____________________________ Outpatient Status/Service: Ambulatory Surgery

☐ Notify Physician-Once

Notify For: of room number on arrival to unit

Vital Signs
☐ Vital Signs

Monitor and Record T,P,R,BP, on admission

Food/Nutrition
☐ NPO

NPO except for blood pressure medications only. NPO after midnight prior to myelogram.

☐ NPO

Start at: T;2359, NPO except for blood pressure medications only. NPO after midnight prior to myelogram.

Patient Care
☐ Preop Consent Signed For

T;N, Procedure: Cervical Myelogram

☐ Preop Consent Signed For

T;N, Procedure: Thoracic Myelogram

☐ Preop Consent Signed For

T;N, Procedure: Lumbar Myelogram

☐ Preop Consent Signed For

T;N, Procedure: Complete Myelogram

☐ INT Insert/Site Care

Routine, If IV not already present

☐ Transport Patient

Special Instructions: on call via stretcher to Radiology for myelogram

Nursing Communication
Physician Orders ADULT: Myelogram Pre Procedure Plan

- **Nursing Communication**
  
  *Prior to myelogram procedure do not allow patient to have Insulin, Oral Hypoglycemics, Aspirin, Clopidogrel, Warfarin, bivalirudin, argatroban, fondaparinux*

**Medications**

- **+1 Hours** acetaminophen
  
  975 mg, PO, On Call
  
  Comments: On Call to O.R.

**Laboratory**

- **Hct**
  
  Routine, T;N, once, Type: Blood

- **Platelet Count**
  
  Routine, T;N, once, Type: Blood

- **PT/INR**
  
  Routine, T;N, once, Type: Blood

- **PTT**
  
  Routine, T;N, once, Type: Blood

**Diagnostic Tests**

- Must designate "Radiology MD to perform" or "Neuro MD to perform" in order comment when placing myelogram orders below.(NOTE)*

- **Myelography Cervical W Lumbar Inject**
  
  T;N, Routine, Stretcher

- **Myelography Lumbo Sacral W Lumbar Inj**
  
  T;N, Routine, Stretcher

- **Myelography Thoracic W Lumbar Inject**
  
  T;N, Routine, Stretcher

- **Myelography 2 plus Regions W Lumbar Inj**
  
  T;N, Routine, Stretcher

- **Myelogram Post Fossa**
  
  T;N, Routine, Stretcher

- **CT Cervical Spine W Cont**
  
  T;N, Reason for Exam: Other, Enter in Comments, Routine, Stretcher
  
  Comments: Post Myelogram

- **CT Lumbar Spine W Cont**
  
  T;N, Reason for Exam: Other, Enter in Comments, Routine, Stretcher
  
  Comments: Post Myelogram

- **CT Thoracic Spine W Cont**
  
  T;N, Reason for Exam: Other, Enter in Comments, Routine, Stretcher
  
  Comments: Post Myelogram
**Consults/Notifications/Referrals**

- Physician Group Consult
  
  *Group: Medical Anesthesia Group, Reason for Consult: Regional Block*

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician's Signature</th>
<th>MD Number</th>
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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