



## Physician Orders ADULT: Myelogram Pre Procedure Plan

### Initiate Orders Phase

#### Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase

*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: \_\_\_\_\_*

*Bed Type: \_\_\_\_\_ Specific Unit: \_\_\_\_\_*

*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





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

### Medications

- ☐ **+1 Hours** acetaminophen  
 975 mg, PO, OnCall  
 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





**Physician Orders ADULT: Myelogram Pre Procedure Plan**

**Consults/Notifications/Referrals**

☐

Physician Group Consult

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

\_\_\_\_\_  
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

