



attach patient label here

Physician Orders ADULT Management of Intravenous Contrast Extravasation Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Vital Signs		
<input type="checkbox"/>	Neurovascular Checks	T;N, q 30 minutes x 2 (1st hour) then q 1 hour next 3 hours for affected area
Patient Care		
<input type="checkbox"/>	Elevate	T;N, Area: Affected Extremity, above the level of the heart
<input type="checkbox"/>	Heat/Cold Alternate Apply (Alternate Heat and Cold Apply)	T;N, Apply To: Other, See comments, To affected extremity, Special Instructions: Alternate dry heat and cold q 20min for a total of two hours.
Consults/Notifications		
<input type="checkbox"/>	Notify Physician- once	T;N Contact radiologist for change in exam

Date **Time** **Physician's Signature** **MD Number**

RAD Management of Intravenous Contrast Extravasation Plan 21642 QM0315 031715

