Physician Orders ADULT: Radiology Specials Contrast Plan

Radiology Specials Contrast Plan
Medications

- CONTRAST AGENTS (NOTE)*
  - +1 Hours Isovue-M-200
    - 200 mL, IV, N/A, Routine, (for 1 dose)
    - Comments: RAD BILL ONLY
  - +1 Hours Isovue-200
    - 200 mL, IV, N/A, Routine, (for 1 dose)
    - Comments: RAD BILL ONLY
  - +1 Hours Isovue-250
    - 250 mL, IV, N/A, Routine, (for 1 dose)
    - Comments: RAD BILL ONLY
  - +1 Hours Isovue-M-300
    - 300 mL, IV, N/A, Routine, (for 1 dose)
    - Comments: RAD BILL ONLY
  - +1 Hours Isovue-300
    - 300 mL, IV, N/A, Routine, (for 1 dose)
    - Comments: RAD BILL ONLY
  - +1 Hours Isovue-300
    - 300 mL, PO, N/A, Routine, (for 1 dose)
    - Comments: RAD BILL ONLY
  - +1 Hours Isovue-370
    - 370 mL, IV, N/A, Routine, (for 1 dose)
    - Comments: RAD BILL ONLY
  - +1 Hours Isovue-370
    - 370 mL, PO, N/A, Routine, (for 1 dose)
  - +1 Hours Optiray 240
    - 240 mL, IV, N/A, Routine
    - Comments: RAD BILL ONLY
  - +1 Hours Optiray 320
    - 320 mL, Injection, IV Push, N/A, Routine
    - Comments: RAD BILL ONLY
  - +1 Hours Optiray 320
    - 320 mL, PO, N/A, Routine
    - Comments: RAD BILL ONLY
  - +1 Hours Visipaque-320
    - 320 mL, IV, N/A, Routine
    - Comments: RAD BILL ONLY
  - +1 Hours Cystografin-Dilute
    - mL, N/A, Routine, (for 1 dose)
    - Comments: RAD BILL ONLY
**Physician Orders ADULT: Radiology Specials Contrast Plan**

☐ **1 Hours** Cystografin 30% injectable solution  
   mL, N/A, Routine, (for 1 dose)  
   Comments: RAD BILL ONLY

☐ **1 Hours** Gastrografin  
   mL, N/A, Routine, (for 1 dose)  
   Comments: RAD BILL ONLY

☐ **1 Hours** Sinografin  
   mL, N/A, Routine, (for 1 dose)  
   Comments: RAD BILL ONLY

NORMAL SALINE Flush (NOTE)*

☑ **1 Hours** Sodium Chloride 0.9% Flush  
   10 mL, IV Push, prn, PRN Other, specify in Comment, Routine, (for 2 hr)  
   Comments: To promote and maintain IV access patency with administration of medications and/or contrast. RAD BILL ONLY

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