Physician Orders ADULT RAD Perma-Cath Pre Procedure Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
T;N, Phase: RAD Perma-Cath Pre Procedure Phase. When to initiate:_____________________

RAD Perma-Cath 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

Food/Nutrition
Please Read Order Comments to see the list of medications patient will stop prior to exam(NOTE)*
☐ NPO
Start at: T;N, Instructions: NPO except for medications
Comments: PATIENT MAY TAKE BLOOD PRESSURE MEDICATIONS ONLY PRIOR TO PERM CATH PROCEDURE, NPO after midnight prior to perm cath.

Patient Care
☐ INT Insert/Site Care
T;N, Insert if no IV line present
☐ Consent Signed For
T;N Procedure: Perma-Cath

Nursing Communication
☐ Nursing Communication
T;N, Prior to perm-cath procedure do not allow patient to have Insulin, Oral Hypoglycemics, Aspirin, Clopidogrel, Warfarin, bivalarudin, argatroban, fondaparinux

Continuous Infusion
☐ +1 Hours Sodium Chloride 0.45%
1,000 mL, IV, Routine, 10 mL/hr

Medications
☐ +1 Hours ceFAZolin
1 g, IV Piggyback, IV Piggyback, N/A, Routine, ( 1 dose )
Comments: Start antibiotic on call to Radiology Special Procedures Dept
If patient allergic to ceFAZolin order vanomycin below(NOTE)*
☐ +1 Hours vancomycin
1 g, IV Piggyback, IV Piggyback, N/A, Routine, ( 1 dose ),(Infuse over 1 hr),
Comments: Start antibiotic on call to Radiology Special Procedures Dept

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

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

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

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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

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Date | Time | Physician’s Signature | MD Number
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