

Pre Procedure

Consent

<input type="checkbox"/> Complete consent for	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Pre-Procedure
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Precautions

<input type="checkbox"/> Fall precautions	Increased observation level needed: Patient to be considered high fall risk., Pre-Procedure
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Vitals

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Once For 1 Occurrences Prior to procedure., Pre-Procedure
<input type="checkbox"/> Neuro checks	Routine, Once For 1 Occurrences Prior to procedure, Pre-Procedure
<input type="checkbox"/> Pulse oximetry	Routine, Daily Current FIO2 or Room Air: Pre-Procedure

Diet

<input type="checkbox"/> NPO after midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except meds Pre-Operative fasting options: Pre-Procedure
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Prophylaxis Recommendation for Patients with an Allergy to Iodine Contrast Media (Single Response)

Medications may be administered by oral or IV route. The equivalent of these medications may be administered as determined by the attending or referring physician.

In a true medical emergency situation the exam should proceed with an accelerated premedication schedule at the direction of the attending physician. (attachment to Radiology Policy R 711)

<input type="checkbox"/> Oral methylPREDNISolone (MEDROL) tablet	32 mg, oral, once, For 1 Doses, Pre-Procedure For iodine allergy prophylaxis. Give 6-12 hours prior to the examination.
<input type="checkbox"/> IV methylPREDNISolone succinate (Solu-MEDROL) 40 mg/mL injection	40 mg, intravenous, for 5 Minutes, once, For 1 Doses, Pre-Procedure For iodine allergy prophylaxis. Give 2 hours prior to the examination.

Buffered Lidocaine 1% Injection

<input type="checkbox"/> lidocaine 1% buffered with 8.4% sodium bicarbonate injection	10 mL, injection, once, For 1 Doses, Pre-Procedure
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Post Procedure

Discharge Home/Return to IP Bed (Single Response)

<input type="checkbox"/> If Inpatient OK to return to previous bed/If Outpatient OK to discharge home	Routine, Until discontinued, Starting S
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Vital Signs

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min Including NVS every 15 min times 2, then every 30 min times 2, then every 1 hour till transferred out of department., PACU
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Activity

<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges Patient should lie flat in bed, head level with feet, for at least 12 hours. May roll to right side, left side, stomach or back ad lib and may have pillow under head while on side., PACU & Post-op
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Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: PACU & Post-op
<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid: PACU & Post-op

Notify

<input type="checkbox"/> Notify Radiologist if patient experiences worsening pain or bleeding at procedure site.	Routine, Until discontinued, Starting S, PACU & Post-op
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Arteriography/Venography Orders

<input type="checkbox"/> Keep extremity straight	Routine, Once, PACU & Post-op
<input type="checkbox"/> Post procedure site assessment	Routine, Once Procedure Site: PACU & Post-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S May turn side to side with assistance., PACU & Post-op
<input type="checkbox"/> Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op
<input type="checkbox"/> Fall to gravity bag drainage	Routine, Until discontinued, Starting S Specify catheter type: _**_ , PACU & Post-op

Interventional Orders

<input type="checkbox"/> Place catheter to gravity bag drainage	Routine, Until discontinued, Starting S Specify type/location: _**_ , PACU & Post-op
<input type="checkbox"/> Intake and output	Routine, Every 12 hours, Post-op
<input type="checkbox"/> Change dressing	Routine, Once And PRN to keep procedure site(s) clean and dry., PACU & Post-op
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intra-catheter, every 12 hours scheduled, PACU & Post-op Flush 5 mL towards patient and 5 mL toward the bag.

Chest Tube Orders

<input type="checkbox"/> Chest 1 Vw	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Post chest tube, PACU & Post-op
<input type="checkbox"/> Chest 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 1 hour post chest tube, PACU & Post-op
<input type="checkbox"/> Chest 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 2 hours post chest tube, PACU & Post-op
<input type="checkbox"/> Chest tube to water seal	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
<input type="checkbox"/> Chest tube to heimlich valve	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
<input type="checkbox"/> Chest tube to pleurovac	Routine, Until discontinued, Starting S Insert at 20cm water intermittent "wall suction". Upon return to floor, further chest tube management orders per referring physician., Post-op
<input type="checkbox"/> For further chest tube order please ask referring physician.	Routine, Until discontinued, Starting S, Post-op

Chest Tube Orders

<input type="checkbox"/> XR Chest 1 Vw	Status: Future, Expires: S+365, Routine, Ancillary Performed, Post chest tube
<input type="checkbox"/> XR Chest 1 Vw	Status: Future, Expires: S+365, Routine, Ancillary Performed, 1 hour post chest tube
<input type="checkbox"/> XR Chest 1 Vw	Status: Future, Expires: S+365, Routine, Ancillary Performed, 2 hours post chest tube
<input type="checkbox"/> XR Chest Inspiration And Expiration	Status: Future, Expires: S+365, Routine, Ancillary Performed
<input type="checkbox"/> XR Chest 2 Vw	Status: Future, Expires: S+365, Routine, Ancillary Performed
<input type="checkbox"/> Chest tube to water seal	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
<input type="checkbox"/> Chest tube to heimlich valve	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
<input type="checkbox"/> Chest tube to pleurovac	Routine, Until discontinued, Starting S Insert at 20cm water intermittent "wall suction". Upon return to floor, further chest tube management orders per referring physician., Post-op

Medications

Anti-emetic

<input type="checkbox"/> ondansetron (ZOFTRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, PACU & Post-op
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VTE

Labs

COVID-19 Qualitative PCR

<input type="checkbox"/> COVID-19 qualitative RT-PCR - Nasal Swab	STAT For 1 Occurrences Specimen Source: Nasal Swab Is this for pre-procedure or non-PUI assessment? Yes Pre-Procedure
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Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders