

## Pre Procedure

## IR Procedure

Enter IR Case Request if not already completed (All hospitals except Grant Medical Center)

☐ Case Request IR Lab      Scheduling/ADT, Scheduling/ADT

## Patient Care Pre Procedure

<input type="checkbox"/> Diet NPO	Diet effective now, Starting S Except: Pre-Procedure
<input type="checkbox"/> Place order for NPO diet 6 hours prior to procedure (may have clear liquids up to 2 hours prior)	Routine, Until discontinued, Starting S Order: NPO diet Condition: 6 hours prior to procedure (may have clear liquids up to 2 hours prior) Pre-Procedure
<input type="checkbox"/> Height and weight	Routine, Once For 1 Occurrences Obtain if not already documented., Pre-Procedure
<input type="checkbox"/> Place order for PT/INR, platelet count if no lab values for current hospitalization or if not available for OP in past 30 days	Routine, Once For 1 Occurrences Order: PT/INR, platelet count Condition: if no lab values for current hospitalization or if not available for outpatient in past 30 days Pre-Procedure
<input type="checkbox"/> Platelet Count	Once For 1 Occurrences, Pre-Procedure
<input type="checkbox"/> PT/INR	Once For 1 Occurrences, Pre-Procedure
<input type="checkbox"/> POC Glucose	Routine, Once For 1 Occurrences Obtain if patient is known diabetic., Pre-Procedure
<input type="checkbox"/> Notify physician	Routine, Once For 1 Occurrences Other: Interventional Radiologist Protime greater than (seconds): 22 INR greater than: 1.5 Glucose greater than (mg/dl): 300 Platelets less than (K/mcL) : 50 Temperature greater than: 101 Pre-Procedure
<input type="checkbox"/> Verify informed consent	Routine, Once For 1 Occurrences Notify Interventional Radiologist if patient will be unable to sign consent., Pre-Procedure

## Pre-procedure Antibiotics

Vancomycin to be reserved for patients with known MRSA colonization or risk factors for MRSA (patients with recent hospitalization, nursing home residents, hemodialysis patients).

☐ ceFAZolin (ANCEF) -or- clindamycin (CLEOCIN) -or- vancomycin (Single Response)

☐ TO / ☐ VO:

Date:

Time:

Physician/Prescriber Signature:

Date:

Time:

Physician/Prescriber Printed Name:

Contact #:

Dictation/Physician Number



**OhioHealth**

**Medication Orders Only:** Check box below for any "STAT" or "NOW" order(s) written above.

☐

STAT

☐

NOW



\*1PO\*

Place Label Here

<input type="checkbox"/> ceFAZolin (ANCEF) IVPB	2,000 mg, Intravenous, Once, For 1 Doses, Pre-Procedure [] Administer 1 hour prior to surgical incision. Indication (PRE PROCEDURE): OTHER Indication (PRE PROCEDURE): IR paracentesis thoracentesis
<input type="checkbox"/> IF allergic to Beta-lactams: clindamycin (CLEOCIN) IVPB	900 mg, Intravenous, Once, For 1 Doses, Pre-Procedure [] Administer 1 hour prior to surgical incision. Indication (PRE PROCEDURE): IR paracentesis thoracentesis
<input type="checkbox"/> If allergic to Beta-lactams: vancomycin (VANCOCIN) for weight less than 80 kg	1,000 mg, Intravenous, Once, For 1 Doses, Pre-Procedure [] Administer 2 hours prior to incision. Indication (PRE PROCEDURE): Indication (PRE PROCEDURE):
<input type="checkbox"/> If allergic to Beta-lactams: vancomycin (VANCOCIN) for weight 80 kg or greater	1,500 mg, Intravenous, Once, For 1 Doses, Pre-Procedure [] Administer 2 hours prior to incision. Indication (PRE PROCEDURE): Indication (PRE PROCEDURE):
<input type="checkbox"/> IF additional gram negative coverage: Pharmacy to dose gentamicin	Routine, Once For 1 Occurrences

## Post Procedure

### Patient Care Post Procedure

<input type="checkbox"/> Paracentesis Post Procedure	
<input type="checkbox"/> Vital signs	Routine, Every 15 min For 2 Occurrences Post Paracentesis, then per prior VS order, Post-Procedure
<input type="checkbox"/> Post procedure site assessment	Routine, Every 15 min For 2 Occurrences Specify: Post Paracentesis, Post-Procedure
<input type="checkbox"/> Place order for post paracentesis labs if procedure was diagnostic	Routine, Once For 1 Occurrences Order: Post Paracentesis lab orders (peritoneal fluid analysis) Condition: If paracentesis was DIAGNOSTIC Check with physician who ordered the procedure., Post-Procedure
<input type="checkbox"/> Nursing -discharge outpatient to home if VS stable; inpatient may return to unit	Routine, Once For 1 Occurrences Specify: -discharge outpatient to home if VS stable and albumin replacement completed if ordered; inpatient may return to unit Post-Procedure
<input type="checkbox"/> Thoracentesis Post Procedure	
<input type="checkbox"/> Vital signs	Routine, Every 15 min For 2 Occurrences Post Thoracentesis; then per prior VS order, Post-Procedure
<input type="checkbox"/> Post procedure site assessment	Routine, Every 15 min For 2 Occurrences Specify: Post Thoracentesis, Post-Procedure

☐ TO / ☐ VO:

Date:

Time:

Physician/Prescriber Signature:

Date:

Time:

Physician/Prescriber Printed Name:

Contact #:

Dictation/Physician Number



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☐

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NOW



\*1PO\*

Place Label Here

<input type="checkbox"/> Place order for post thoracentesis labs if procedure was diagnostic	Routine, Once For 1 Occurrences Order: Post Thoracentesis lab orders Condition: If thoracentesis was DIAGNOSTIC Check with physician who ordered the procedure., Post-Procedure
<input type="checkbox"/> XR Chest 1 View	ASAP, 1 time imaging For 1 Occurrences Patient is post thoracentesis procedure Portable? Reason for Exam: Pleural effusion Is the patient pregnant?
<input type="checkbox"/> Nursing -discharge outpatient to home if VS stable and follow up xray complete; inpatient may return to unit	Routine, Once For 1 Occurrences Specify: discharge outpatient to home if VS stable and follow up xray complete; inpatient may return to unit Post-Procedure

#### Albumin Replacement Post Paracentesis (Single Response)

<input type="checkbox"/> albumin human 25 % bottle (specify amount)	12.5 g, Intravenous, for 60 Minutes, Once, For 1 Doses, Post-Procedure
<input type="checkbox"/> albumin human 25 % bottle 25 g once PRN if greater than 5 L of fluid removed	25 g, Intravenous, for 50 Minutes, Once as needed, if greater than 5 L of fluid removed post Paracentesis procedure, For 1 Doses, Post-Procedure
<input type="checkbox"/> Place order for Albumin replacement (6 grams Albumin per liter removed)	Routine, Once For 1 Occurrences Order: Albumin replacement (6 grams Albumin per liter removed) using order set 1050200009 Condition: post paracentesis after checking amount of fluid drained during procedure Post-Procedure
<input type="checkbox"/> Place order for Albumin replacement (8 grams Albumin per liter removed)	Routine, Once For 1 Occurrences Order: Albumin replacement (8 grams Albumin per liter removed) using order set 1050200009 Condition: post Paracentesis after checking amount of fluid drained during the procedure Post-Procedure

☐ TO / ☐ VO:

Date:

Time:

Physician/Prescriber Signature:

Date:

Time:

Physician/Prescriber Printed Name:

Contact #:

Dictation/Physician Number



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NOW



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