

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/ Time last page

Diagnosis: _____

Allergies with reaction type: _____

Renal Biopsy- Preprocedure

Version 2 3/24/14

General

- Order for procedure
Specific Procedure: Renal Biopsy
Date of Procedure: _____
Time of Procedure: _____

Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology

Patient Placement

- Patient Status
- Outpatient

Activity

- Up ad lib

Nursing Orders

- Notify provider and Interventional Radiology of patient arrival
- Saline lock with saline flush BID

Diet

- NPO
- Diet, regular low sodium

Medications

- LORazepam (ATIVAN)
- 0.5 milligram orally once with sip of water after written authorization obtained

Laboratory

- Urinalysis (UA) with microscopy
- Obtain the following labs STAT:
- CBC/ NO DIFF
 - Basic metabolic panel
 - PT (PROTIME AND INR)
 - PTT
 - Type and screen

Radiology

- CT guided biopsy: Renal
- routine; Reason for exam: _____

Provider Signature: _____ Date: _____ Time: _____