

(place patient label here)

Patient Name: _____



Tumor Embolization Procedure

Diet

- NPO Diet except sips of water with meds

IV/Line Insert and/or Maintain

- Peripheral IV (Insert/Maintain)

Additional Instructions:

IV Fluids-Maintenance Specific Fluids

- Normal Saline 1,000 ML INJ intravenously at 100 mL per hour

Medications

- Ceftriaxone Sodium 1,000 MG INJ 1 gram intravenously single dose
- Diphenhydramine HCl 50 MG/ML INJ 50 mg intravenously single dose
- Diphenhydramine HCl 50 MG CAPSULE 50 mg orally single dose
- Dexamethasone/Ondansetron/Famotidine 10mg/24mg/40mg intravenously Single Dose
- Ketorolac Tromethamine 30 MG/ML INJ 30 to 60 mg intravenously single dose
- Hydromorphone HCl in 0.9% NaCl 11 MG/55 ML INJ via intravenous patient controlled analgesia
 - Demand Dose: 0.05 mg
 - ____ [Lockout Interval]
 - ____ [Max Dose Per 1 Hour]
 - ____ [Max Dose Per 4 Hours] ____ [Indication]
- Lidocaine HCl 40 mg intravenously single dose

Laboratory

- CBC/AUTO DIFF [Morning Draw Routine Stat]
- PTT
- PT (PROTIME AND INR)

Consult Provider

- *Provider to provider notification preferred*

Consult Hospitalist-Call Lead Hospitalist for (Contact Lead Hospitalist by calling operator or notify via Benefis Intranet) for admission

Does nursing need to contact consulted provider? [Yes No]

Provider's Signature _____ Date: _____ Time: _____

Initials: _____