Date & Time	**Moderate Sedation and Anesthesia Orders [Adult Population]- Interventional Radiology**
	Pre-Procedure:
	☐ Moderate Sedation
	ASA Classification ☐ I ☐ II ☐ III ☐ IV Anesthesia is medically appropriate and necessary for this patient.
	If no IV, start and maintain with 0.9% NaCl to keep vein open 30 mL per hour
	Lab: ☐ PT (includes INR) ☐ CBC ☐ Accucheck ☐ Creatinine ☐ BUN ☐ C- Reactive Protein ☐ Serum Pregnancy ☐ BMP ☐ Urine Pregnancy ☐ aPTT ☐ Other: _____
	Oxygen to maintain saturation ≥92% or pre-aldrete
	Core Measure: Antibiotic: Start within one hour of procedure start time. (ONLY if indicated for procedure type) Cefazolin ☐ 1 gm IVPB (weight less than 50 kg) ☐ 2 gm IVPB (weight 50 kg-120 kg) ☐ 3 gm IVPB (wt greater than 120 kg) x 1 dose **If severe allergy to cephalosporin, select the following.** ☐ Clindamycin 600 mg IVPB x 1 dose
	Core Measure: ONLY FOR PATIENTS ON ROUTINE BETA BLOCKER THERAPY (*Preadmission Clinic- instruct patient to continue to take beta blocker pre-procedure*) A) Patient has taken beta blocker within 24 hours of start of planned procedure- document drug/dose and date/time taken. B) Patient has not taken beta blocker within 24 hours of start of planned procedure- obtain order form the physician, fax to pharmacy and administer with a sip of water prior to procedure. C) Beta blocker contraindicated due to: ☐ Hypotension ☐ Bradycardia ☐ Other: _____
	Medications for Pre-procedure sedatives (for adults) **Be sure to consent is signed before giving sedation.**
	☐ None Diazepam (Valium) PO ☐ 2 mg ☐ 5 mg ☐ 10 mg X 1 dose 1 hour prior to procedure or on call to X-ray **For anxious, confused or encephalopathic patients, consider:** Lorazepam (Ativan) PO: ☐ 0.5 mg ☐ 1 mg ☐ 2 mg x 1 dose Lorazepam (Ativan) IV: ☐ 0.5 mg ☐ 1 mg x 1 dose
	Fluids in patients without renal insufficiency and without CHF, who are to receive IV or IA contrast.
	☐ None NaCl ☐ 70 ml/hr ☐ 100 ml/hr ☐ 125 ml/hr Starting at _____hours before exam, _____now, or _____(am/pm) Other_____
	IV Fluids: For renal insufficiency (Pre-contrast) Mix Bicarbonate 150mEq in 1 liter NS and administer as follows: ☐ 250 ml/hr for one hour prior to exam (ie for 70kg patient) or ☐ _____ml/hr for one hour prior to exam. Then ☐ 100 ml/hr for 6 hours (ie for 70 kg patient) or ☐ _____ml/hr for 6 hours prior to exam. ☐ Encourage PO fluids till 2-3 hours before procedure. **Stop the following drugs:** _____ hours before exam _____now or _____/_____(date/time) Ace-inhibitors, Non-steroidal Anti-Inflammatory Drugs (NSAIDs)_____
	☐ Stop Metformin after the procedure and do not restart till serum Creatinine is checked 48 hours after contrast and is found to be at the pre-procedure level.
	Coagulapthy Management for angiography, biopsies and drainages
	<u>Stop</u> the following medications: ☐ Stop _____Aspirin, _____ Clopidogrel (Plavix), _____ Ticlopidine (Ticlid), _____ Prasugrel (Effient), ____ Ticagrelor (Brilinta) On _____/_____ (date/time) or ____days before procedure (usually 5-7 days, except in vasculopaths) ☐ Stop Warfarin on _____/_____ (date/time) or) _____ days before procedure (usually 3-5-7 days; check PT) ☐ Stop IV Heparin on _____/_____ (date/time) or) _____ hours before procedure (usually 4 hours) ☐ Stop subcutaneous Heparin on _____/_____ (date/time) or _____ hours before procedure (usually >12 hours) ☐ Stop Enoxaparin on _____/_____ (date/time) or _____hours before procedure on usually 12 hours if daily or 18 hours if BID)

Procedure:

1. Medications for Moderate Sedation: based on ASA Classification assigned by Physician

ASA Classification I and II

Initial dose:

Midazolam (Versed): ☐ 1 mg IVP over 2 minutes ☐ 2 mg IVP over 2 minutes

Fentanyl: ☐ 25 mcg IV over 2 minutes ☐ 50 mcg IV over 2 minutes

May Repeat as directed by the MD:

May Repeat Midazolam (Versed): ☐ 1 mg IVP over 2 minutes ☐ 2 mg IVP over 2 minutes

May Repeat Fentanyl: ☐ 25 mcg IV over 2 minutes ☐ 50 mcg IV over 2 minutes

Midazolam (Versed) MAX (initial plus repeat doses) during procedure: 5 mg

Fentanyl MAX (initial plus repeat doses) during procedure: 100 mcg

	Totals
Midazolam Initial Dose	
Fentanyl Initial Dose	
Midazolam Repeat Doses	
Fentanyl Repeat Doses	

ASA Classification III and IV

Initial dose:

Versed (midazolam):

☐ 0.5 mg IVP over 2 minutes ☐ 1mg IVP over 2 minutes ☐ 2 mg IVP over 2 minutes

Fentanyl:

☐ 12.5 mcg IV over 2 minutes ☐ 25 mcg IV over 2 minutes ☐ 50 mcg IV over 2 minutes

May Repeat as directed by the MD:

Versed (midazolam):

☐ 0.5 mg IVP over 2 minutes ☐ 1 mg IVP over 2 minutes ☐ 2 mg IVP over 2 minutes

Fentanyl:

☐ 12.5 mcg IV over 2 minutes ☐ 25 mcg IV over 2 minutes ☐ 50 mcg IV over 2 minutes

Midazolam (Versed) MAX (initial plus repeat doses) during procedure: 5 mg

Fentanyl MAX (initial plus repeat doses) during procedure: 100 mcg

	Totals
Midazolam Initial Dose	
Fentanyl Initial Dose	
Midazolam Repeat Doses	
Fentanyl Repeat Doses	

☐ Ondansetron (Zofran) ___mg IVP

X Naloxone (Narcan) 0.4 mg/mL, Using a 10 mL syringe, draw up 9 mL 0.9% NaCl and Naloxone 1 mL. Give 80 mcg (2 mL0 IV push every 3 minutes as needed for **opioid reversal when respiratory rate is less than 10**. Monitor patient for 40 minutes following the last dose on Naloxone for resdistribution of opioid once naloxone effect has cleared. May need to repeat Naloxone administration.

X Flumazenil (Romazicon) 0.1 mg/ mL, 0.3 mg IV push every 3 minutes as needed for **sedation reversal**.

Post Procedure:

1. Transfer to room or discharge home when criteria met.
   Discontinue any IV fluids that were initiated for the procedure when patient is discharged or transferred.

2. Diet:
   - ☐ NPO x ___hr
   - ☐ Resume previous diet
   - ☐ Clear liquids
   - ☐ Full liquids
   - ☐ Diet as tolerated
   - ☐ Per Post PEG orders
   - ☐ Other: _____

3. X-Ray: Indication:

4. CT: Indication:

5. Lab:

6. Other:

Pre-Procedure

_____ _____ _____

Date (required) Time (required) Physician Signature

Post-Procedure

_____ _____ _____

Date (required) Time (required) Physician Signature

PT.

MR.#/P.M.

DR.