

Authorization is hereby given to dispense the Generic or Chemical equivalent unless other indicated with the words "DO NOT SUBSTITUTE"

DIAGNOSIS _____

Check each box to activate order

Orders for Admission on:

Nursing Orders

- CONSENTS Witness pt signature on consent for SACROILIAC JOINT INJECTIONS
- MESSAGE Supplies needed at the bedside prior to procedure: Sterile gloves Size 7 1/2; TWO 3 mL syringe with blunt fill needles attached (Central Lawson # 9556); TWO 6 mL syringes with blunt fill needle; TWO 22g Spinal Needles with a Quinke point; TWO 25g 5/8" needle; a bandaid,
- VITAL SIGNS VS Q 15 min X 4 after injection completed. Notify physician if SBP < 100; HR < 55; RR < 12; Dyspnea
- MESSAGE Transport pt to Special Procedure Room in Radiology Department for procedure. Send supplies and medications as ordered for Dr. Rigal's use.

Activity

- ACTIVITY - BEDREST X 2 hours after injection. Then ambulate with assistance for next 4 hours following the injection.

Medication for Sacroiliac Joint Injection

- Bupivacaine 0.5% MPF 30 mL IM to be administered by physician at bedside
- Methylprednisolone Acetate (Depo-Medrol) 40 mg/mL IM X 2 vials to be administered by physician at bedside
- Neosporin Top Oint 0.94 gram X 1 packet
- Toradol (Ketorolac) 30 mg/mL IM X 1 vial to be administered by physician at bedside

Print, Sign, and Give to Unit Clerk:

Physician Signature _____

SUSQUEHANNA HEALTH

PHYSICIAN ORDER Dr. Rigal

Date: _____ **Time:** _____

Patient Name:

MRN:

DOB:

Place Sticker Here

