

PROTOCOL FOR: Pre-Procedural Care for patients undergoing Interventional Radiology Procedures

- POLICY:
1. All patients will undergo a nursing assessment prior to all IR procedures. Patient assessment will be individualized to the patient and family and to the proposed procedures, including but not limited to age-specific concerns, acute and chronic pain management, cultural care issues, physical impairments, and correct site surgery.
 2. Proper chart preparation will be integral to any preprocedure assessment.
 3. Staff will collaborate with the patient and family regarding plans for care.
 4. Patient teaching will be individualized to the patient and family and to the proposed nursing and interventional radiology procedures.
 5. Choices within the scope of care will be allowed.
 6. The privacy of confidential patient information will be safeguarded judiciously.
 7. Interpreter/Language line will be offered per HAM #08-007 for persons with limited English proficiency or who are deaf.

- DESIRED PT OUTCOME:
1. All patients will be assessed prior to procedures according to established standards.
 2. An individualized plan of care will be developed for all patients prior to procedures.

CLINICAL ASSESSMENT AND CARE: *Pre-procedure Nursing Review*

1. Review past medical records.
2. Cross-reference any orders for laboratory testing with results available through LCR system or other means.
3. Review current chart for presence of
 - completed Informed Consent
 - completed IR Nursing Phone Assessment and Teaching record
 - history and physical within 30 days, updated by physician the day of the procedure.
 - pre-procedure orders (labs, medications, NPO, IV fluids, etc.)
 - laboratory results on chart

- diagnostic imaging films / reports
 - consultation reports
 - routine medications taken or special instructions followed
4. Assess patient and family for factors that may affect learning or the proposed teaching; conduct education as appropriate.
 5. Review physician's initial orders and confirm their completion in Same Day.
 6. Initiate discharge planning activities as appropriate.

Pre-procedure Nursing Care

1. Assist the patient in changing into hospital gown and last voiding prior to procedure as needed.
2. Assess psychological response of patient to peri-procedure plan of care; provide instruction and emotional support *prn*.
5. Collaborate with staff, as appropriate, regarding physiological and psychological health data, response to procedures, special needs, discharge planning concerns, etc.
6. Obtain blood pressure, pulse, respirations, pulse and oximetry to establish baseline levels. Perform ongoing monitoring based on patient acuity, procedure performed, and physician instructions.
7. Extremity distal to procedural puncture site(s) will be assessed, the site on the patient marked and the findings documented prior to the procedure.
8. Assist patient and physician in marking correct procedure site per HAM 08-049, *prn*.
9. Perform time out prior to the start of all procedures.

PATIENT Patient and Family Education Tools
TEACHING Discharge Patient Teaching Tools

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 10/03

REVISED: 03/08