

**OLIVE VIEW-UCLA MEDICAL CENTER  
AMBULATORY SPECIAL PROCEDURE UNIT (ASPU)  
POLICY & PROCEDURE**

**NUMBER: 5512**

**VERSION: 1**

**SUBJECT/TITLE:    OUTPATIENT INTERVENTIONAL RADIOLOGY PROCEDURES**

**POLICY:**           All patients having outpatient Interventional Radiology procedures requiring moderate sedation and/or pre and post-procedure monitoring and/or care will be admitted to Ambulatory Special Procedure Unit (ASPU).

**PURPOSE:**         To facilitate entry of Interventional Radiology (IR) patients into ASPU for the purpose of monitoring patients' pre & post-procedure status

**DEPARTMENTS:**   **1-General Clinic Policies, Radiology, Procedural Nursing, Interventional Radiology**

**DEFINITIONS:**

**PROCEDURE:**

1. Interventional Radiology patients to be referred by the clinic medical doctors. May also be scheduled by the Radiology Department and Nurse Practitioner.
2. The referring physician/service is responsible for sending the patient to financial services for clearance. Pre-procedure orders will be sent to ASPU 2B121.
3. Patient reports to ASPU the morning (or as instructed) of the procedure.
4. Patient is assessed and prepared (per pre-procedure orders)
5. Preoperative checklist is completed by ASPU nursing staff.
6. Patient is transferred to ordered IR room via gurney.
7. Following procedure, ASPU nurse receives report and patient by gurney from IR nurse and follows post-procedure orders written by physician or NP, including discharge orders.
8. Patient may have fluids and diet per physician's orders.
9. Notify patient's family/friend/significant other for transportation.
10. Discharge patient with discharge instructions. Discharge to private auto accompanied by an adult (or self, if local anesthesia or non-medication required Procedure case).

**DOCUMENTATION**       As required by Policies & Procedures

SUBJECT/TITLE: OUTPATIENT INTERVENTIONAL RADIOLOGY PROCEDURES

Policy Number: 5512

Page Number: 2

|  |                  |
|--|------------------|
| References:  |                  |
| Approved by: Jan Love (Clinical Nurse Director II) | Date: 03/02/2017 |
| Review Date: <b>02/06/2023</b>                     | Revision Date:   |
| Distribution: 1-General Clinic Policies, Radiology |                  |
| Original Date: 03/02/2017                          |                  |