

**THE JOHNS HOPKINS HOSPITAL
ORDER SHEET**

**Inpatient Sincalide(Kinevac®)
Infusion for Hepatobiliary Scan**

for addressograph plate

ORDERED		ORDER SIGN EACH ENTRY - INCLUDE ID NUMBER use a ball point pen, press firmly	Read-Back & Verified	Noted by	Order Completed		Initials
DATE	TIME				Date	Time	
		00 Procedure: Hepatobiliary Scan					
		01 Allergies: Sincalide <input type="checkbox"/> yes <input type="checkbox"/> no					
		02 Weight: _____ lbs = _____ kg					
		03 Contraindications: Pregnancy <input type="checkbox"/> yes <input type="checkbox"/> no					
		04 Breast feeding <input type="checkbox"/> yes <input type="checkbox"/> no					
		05 Allergy to Sincalide <input type="checkbox"/> yes <input type="checkbox"/> no					
		06 No Opioid should be given 6 hrs prior to Hepatobiliary imaging. <input type="checkbox"/> yes <input type="checkbox"/> no Last dose of Opioid: Time: _____ Date: _____					
		07 Time of scan in Nuclear Medicine:					
		08 Date of scan in Nuclear Medicine:					
		09 Sincalide _____ mcg (0.01 mcg/kg) diluted in 50 ml of 0.9% NaCl Mini Bag, Infuse all 50 ml of Sincalide solution over 60 minutes. No Flush Needed. Begin infusion at : Time: Date:					
		10 Note: Hepatobiliary scan can be performed at a minimum of 30 minutes and a maximum of 20 hours after Sincalide infusion.					
		11 If infusion of Sincalide does not begin within 30 minutes of start time in order #09, please contact Nuclear Medicine (5-6375 front desk) or (5-8420 imaging room).					
		12 Radiologist:					
		13 Signature: _____ ID#: _____ Pager: _____					
		14 Have H.O. Countersign:					
		15 H.O. Signature: _____ ID#: _____ Pager: _____					
		16					
		17					