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POST SPECIAL PROCEDURES PHYSICIAN'S ORDER SHEET

***ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET
TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.***

PATIENT IDENTIFICATION	Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	Allergy	
			PHYSICIAN'S ORDER	
			DATE:	TIME: (Military Time)
			MEDICATIONS GIVEN DURING ARTERIOGRAM	
			I. VERSED _____ mg / IV	
			II. FENTANYL _____ mcg / IV	
			III. OTHER MEDICATIONS GIVEN:	
			PATIENT STATUS - POST ARTERIOGRAM ORDERS	
			1A. ADMIT (inpatient) NOTE: MEDICAL JUSTIFICATION MUST BE PROVIDED IN PATIENT CHART (or)	
		1B. OBSERVE (outpatient) x _____ hrs & discharge to home at _____ <small>Military Time</small>		
		2A. Complete bedrest x _____ hrs with right / left leg extended, may elevate HOB 30 degrees; may logroll side to side.		
		2B. Complete bedrest x _____ hrs with right / left arm extended. DO NOT USE ARM FOR BP; may sit up.		
	FAXED BY/TIME:	TIME NOTED:	Doctor's Signature _____, MD Date _____	
			Nurse's Signature / Title _____	

Military Time >>

PATIENT IDENTIFICATION	Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	Allergy	
			DATE:	TIME: (Military Time)
			3. Check arteriogram site for bleeding & distal pulses with vital signs as follows: every 15min x 4; every 30min x 2; every 1 hour x 4; then _____	
			4. Resume pre-arteriogram diet now.	
			5. Encourage patient to drink _____ ml fluids today.	
			6. Tylenol 2 tabs po every 4 prn for arteriogram site discomfort.	
			7. Resume all other pre-arteriogram orders.	
			8. Continue IV of _____ at _____ ml / hour.	
			9. May d/c IV at _____ .	
	FAXED BY/TIME:	TIME NOTED:	Doctor's Signature _____, MD Date _____	
			Nurse's Signature / Title _____	

Military Time >>

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD