Your Hospital's Logo Here

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.

	Check (√) Each	Check (√) Pharmacy	GASTRIC BYPASS PRE OP - CLINICAL PATHWAY				
	Order As Transcribed	Orders	DAY 1				PAGE 1 of 1
			DATE:		TIME:		(Military Time)
			LABS:	□ СВС, ВМР)		
			☐ EKG				
			☐ Chest X-Ray				
			□ EGD				
			☐ Cardiac Clearance				
PATIENT IDENTIFICATION							
			Diet:	NPO			
			Medications	s: Reg	lan 10 mg IV		
					cid 20 mg IV		
					ra 30 ml p.o.		
					ef 1 gm IV (if allergic to P	PCN, give Cipro 400	mg IV)
							,
			IV Fluids:	1000) ml RL at KVO rate		
			Other Treat	tments:	Long TED stockings on a	all patients	
					☐ Order Obesity Bed		
					☐ Heparin Lock intra		
					— Fiepariii Eook iiitid	op by Amedinesia	
FAXED BY/TIME:	TIME NOTED:		Dooterle Ci	anatura		B 4	D. Data
						,M	D Date
			Nurse's Sia	nature / Title_			

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD

Military Time > >