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.

PATIENT IDENTIFICATION

Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	TURP PRE OPERATIVE ORDERS - CLINICAL PATHWAY NO PCP, TB, Aspiration — PAGE 1 of 1
		DATE: **TIME:** (Military Time)
		ALLERGIES:
		ACTIVITY: As tolerated.
		DIET: NPO after midnight day prior to surgery
		PRE-OP ANTIBIOTICS:
		LABS:
		1. CBC
		2. PT & PTT
		3. BMP
		4. EKG
		5. CXR
		6. UA
		TEDS
		Assess for discharge needs
		Pre-Op Teaching:
		1. Video - "It's as easy as coughing and deep breathing"
		2. Pamphlet - "Before and After your surgery"
		3. Pamphlet - "TURP - What you should know about your surgery"

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