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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.**

P A T I E N T I D E N T I F I C A T I O N	Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	LARGE BOWEL RESECTION - CLINICAL PATHWAY: DRG #148	
				NO PCP, TB, Aspiration
			DATE: _____	TIME: _____
			DIAGNOSIS:	
			SURGICAL PROCEDURE:	
			SURGEONS:	
			VS: Q 4 HR	
			DIET: NPO	
			ACTIVITY: BED REST, TURN Q 2 HR	
			LABS: CBC, BMP Tomorrow AM	
			IV FLUIDS:	
			IV ANTIBIOTICS:	
			PAIN MEDICATION:	
			NGT: _____ Low Continuous _____ Low Intermittent (Check option or cross out)	
			FOLEY TO STRAIGHT DRAINAGE	
			I / O	
			TEDS _____ SCUDS _____ PLEXI PULSE _____ (Check option or cross out)	
			INCENTIVE SPIROMETRY Q 1 HR W/A	
			DEEP BREATHING AND COUGHING Q 1 HR W/A	
			CONSULTS:	
			_____ ET NURSE CONSULT (WOUND OSTOMY NURSE)	
			_____ CASE MANAGEMENT CONSULT FOR D/C PLANNING	
			WOUND / DRESSING CARE:	
	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