

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.

ADDRESSOGRAPH	Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	Allergy	
			PHYSICIAN'S ORDER	
			Date:	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 _____ am / pm	
			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 _____ Date _____		

ADDRESSOGRAPH	Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	Allergy		
			Date:	Time:	
			3. Check arteriogram site for bleeding & distal pulses with vital signs as follows:		
			q15min x 4; q30min x 2; q 1 hour x 4; then _____		
			4. Resume pre-arteriogram diet now.		
			5. Encourage patient to drink _____ ml fluids today.		
			6. Tylenol 2 tabs po q 4 pm 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 _____ Date _____		

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD