

PHYSICIAN'S ORDERS



**CULLMAN
REGIONAL**

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Cullman Urology Admission Order Set

☐ Admit to : ☐ Dr. Braswell ☐ Dr. Sanders

☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient

Allergies:

Diagnosis:

Vital Signs: q 8 hours with oral temps

Diet: ☐ Regular ☐ Consistent Carbohydrates ☐ Clear Liquids ☐ NPO after 2200 ☐ Other: _____

Activities: ☐ Up ad lib ☐ Other: _____

IV Fluids: ☐ NS @ 100 cc/hr IV ☐ LR @ 75 cc/hr IV ☐ D5¼ NS + KCL @ 125 cc/hr IV

Labs: ☐ CBC with auto Diff ☐ CMP ☐ PT ☐ Renal Profile ☐ UA with microscopy
☐ Urine C&S ☐ Other _____

Diagnostic Imaging: ☐ KUB ☐ Renal Ultrasound ☐ CT scan abdomen/pelvis without contrast
☐ Other _____

☐ EKG

Identify home medications

Medications: ☐ Tylenol 650 mg Po every 4 hours PRN discomfort or fever
☐ MOM 30 cc Po daily PRN laxative
☐ Diphenhydramine 50 mg HS PRN for sleep
☐ Zofran 4-8 mg IV every 8 hours PRN nausea & vomiting
☐ Protonix 40 mg Po nightly (if not allergic)
☐ Norco 7.5 mg Po every 6 hours PRN for pain (if not allergic to hydrocodone)
☐ Other pain management medications: _____
☐ Antibiotic medications: _____

Obtain Permit for _____

MD Signature: _____ Date & Time: _____

Cullman Regional Medical Center Please use Ball Point Pen ONLY Physician's Orders

Revised: 09/26/17 Page 1 of 1 **DO NOT USE: U IU QD QOD MS MSO4 MgSO4**