

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. ☐

Dr. Marecle - Admission Order Set

☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient

1. Admit to Dr. Marecle

2. Allergies:

3. Dx:

4. Vital signs routine

5. Activity:

6. Diet: NPO after 2200 (includes ALL tube feedings)

7. LAB: ☐ CBC no Diff ☐ CBC with auto Diff ☐ CBC with manual Diff,
☐ Hct & Hgb ☐ BMP ☐ CMP
☐ CEA ☐ PT ☐ PTT
☐ Hepatic Panel ☐ UA with microscopy ☐ UA without microscopy

8. Chest xray

9. EKG

10. Operative permit and schedule for: _____

11. Prep:

12. Preop per Anesthesia

13. Antibiotic:

14. Type and screen / cross match for _____ units PRBC

15. Meds:

- A. Prosom _____ mg Po q hs PRN sleep
B. Tylenol 325 mg 1 Po q 4 hours PRN pain or temperature > 101 degrees.
C. Phenergan supp 25 mg PR q 4 hours PRN nausea
D. _____
E. _____
F. _____

16. Notify me and Dr. _____ of patient's room number.

17. May use Standing Orders.

MD Signature: _____ Date & Time: _____

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

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