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. Dueland & Dr. Gomez - Daily Rounding Order Set

Labs:

- ❑ BMP
- ❑ Blood culture x 2
- ❑ CBC with manual Diff
- ❑ CMP
- ❑ C-reactive Protein
- ❑ Gram Stain
- ❑ Other: _____
- ❑ Hgb & Hct
- ❑ Joint Fluid Panel
  - ❑ Left ❑ Right
  - ❑ Knee ❑ Hip ❑ Shoulder ❑ Elbow
- ❑ Sedimentation Rate
- ❑ Type and Cross _____ units
- ❑ Type and Screen
- ❑ UA
- ❑ Culture Routine
- ❑ Aerobic ❑ Anaerobic
  Source:_____
  Site:_____

Diagnostic Imaging:

- ❑ Plain film: _____ r/o: _____
- ❑ CT Scan: _____ r/o: _____
- ❑ MRI: _____ r/o: _____
- ❑ Tagged White Cell Study
- ❑ Post Void Total Body Bone Scan r/o: _____
- ❑ Limited Bone Scan ❑ Lower Extremities ❑ Upper Extremities r/o: _____
- ❑ Other: _____

Nursing:

- ❑ Neuro checks q ❑ 2 hours ❑ 4 hours
- ❑ Ice pack to affected area q 2 hours on/2 hours off
- ❑ Elevate affected extremity above the level of the heart
- ❑ Change Dressing:
  - ❑ Dry ABD/ACE
  - ❑ Silvadene Cream/Xeroform Gauze/ACE Wrap
  - ❑ Wet to Dry
- ❑ Knee-high TED Hose ❑ Bilateral ❑ Right ❑ Left
- ❑ Thigh-high TED Hose ❑ Bilateral ❑ Right ❑ Left
- ❑ Ace Wrap: ❑ 2 inch ❑ 3 inch ❑ 4 inch ❑ 6 inch
  ❑ Right ❑ Left
  ❑ Upper Extremity ❑ Lower Extremity ❑ Wrist ❑ Knee ❑ Ankle

Physician Signature: **Date & Time:**