



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

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

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

Dr. Miller TPA Administration/Peripheral Intervention Order Set

☐ Admit Inpatient ☐ Admit to Outpatient ☐ Admit to Outpatient with Observation Services

To Cath lab/OR for Lower Extremity Angiogram in am

Consent for procedure: Angiogram Lower Extremity Right/Left

☐ TPA 10mg/NS 250 ml (total volume) to infusion catheter @ 1 mg/hr

☐ TPA 10mg/NS 250 ml (total volume) to infusion wire @ 0.5 mg/hr

☐ Heparin 20,000 units/NS 1000 ml to sheath @ 250 units/hr

☐ Heparin 20,000 units/NS 1000 ml to sheath @ 500 units/hr

☐ Nitroglycerin 50 mg/250 ml (200 mcg/ml) @ 21 mcg/min = 6.3 ml/hr to infusion wire

MD Signature: _____ **Date & Time:** _____

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4