



**CULLMAN**  
REGIONAL

## PHYSICIAN'S ORDERS

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

<b>Date &amp; Time</b>	<b>Another brand of drug identical in form and content may be dispensed unless checked. <input type="checkbox"/></b>
	<b>Joint Arthrocentesis Order Set</b> <b>Dr. Dueland and Dr. Gomez</b>
<b>TO BEDSIDE:</b>	
Consent signed	
Lidocaine 1% Plain	
Marcaine 0.5% Plain	
Triamcinolone 40 mg/ml	
10 cc Syringe	
20 cc or 30 cc syringe	
18 gauge needle	
22 gauge needle	
Betadine Prep, unless allergic (substitute ChloroPrep)	
4x4s	
Bandaids	
Size 7½ sterile gloves	
Ace Bandage <input type="checkbox"/> 3" <input type="checkbox"/> 4" <input type="checkbox"/> 6"	
<b>MD Signature: _____ Time &amp; Date: _____</b>	

**Cullman Regional Medical Center Please use Ball Point Pen ONLY Physician's Orders**  
**DO NOT USE: U IU QD QOD MS MSO4 MgSO4**