



**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. ☐

### Nephrology Daily Rounding Order Set

**Consults:** ☐ Dr. \_\_\_\_\_ ☐ Case Management ☐ Dietitian ☐ Hospice  
☐ Nurse Navigation ☐ Palliative Care ☐ Physical Therapy ☐ Social Services ☐ Speech ☐ Wound Care

**Labs:** ☐ ABGs ☐ BMP ☐ CMP ☐ Sedimentation Rate  
☐ Blood cultures x 2 ☐ CBC ☐ Hgb & Hct ☐ Sputum for C&S  
☐ Urine Spot Protein, Creatinine, Sodium ☐ Other: \_\_\_\_\_

**IV Fluids:** ☐ Saline Lock ☐ NS 75 ml/hr IV ☐ NS 100 ml/hr IV ☐ NS 125 ml/hr IV ☐ NS 150 ml/hr IV  
☐ Other: \_\_\_\_\_

#### Antiemetic Medication Orders:

☐ Zofran 4 mg IV q 2 hours PRN Nausea ☐ \_\_\_\_\_  
☐ Zofran 4 mg IV q 4 hours PRN Nausea ☐ \_\_\_\_\_

#### Pain Management Orders:

*Mild pain (scale 1-3)* ☐ \_\_\_\_\_  
☐ Tylenol 650 mg Po q 6 hours PRN Fever ☐ \_\_\_\_\_  
*Moderate pain (scale 4-7)*  
☐ Norco 5/325 1 tab Po q 6 hours PRN  
☐ Dilaudid 1 mg IV q 4 hours PRN  
*Severe pain (scale 8-10)*  
☐ Dilaudid 1 mg IV q 2 hours PRN

#### Antibiotic Orders:

☐ Levaquin 500 mg IV q 48 hours ☐ \_\_\_\_\_  
☐ Vancomycin 1 gm IV x 1 ☐ \_\_\_\_\_  
☐ Vancomycin 500 mg IV after hemodialysis

#### Other Medications:

\_\_\_\_\_  
\_\_\_\_\_

**Diagnostic Imaging:** ☐ Renal Ultrasound

**Physician Signature:** \_\_\_\_\_ **Date & Time:** \_\_\_\_\_

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

**DO NOT USE: U IU QD QOD MS MSO4 MgSO4**