

# 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. ☐

## Pain Clinic Outpatient Admission Order Set

- Outpatient Admission to ☐ Dr. Crisologo ☐ Dr. Cosgrove ☐ Dr. Ruhl
- Diagnosis:
- Diet: NPO
- Permit:
  - \_\_\_\_\_ Transforaminal Epidural Steroid Injection with Fluoroscopy
  - Interlaminar \_\_\_\_\_ Epidural Steroid Injection with Fluoroscopy
  - \_\_\_\_\_ Medial Branch Block with Fluoroscopy
  - ☐ Left ☐ Right Stellate Ganglion Block with Fluoroscopy
  - ☐ Bilateral ☐ Left ☐ Right Sacro-Iliac Joint Injection with Fluoroscopy
  - ☐ Left ☐ Right Lumbar Sympathetic Block with Fluoroscopy
  - ☐ Autologous Lumbar Epidural Blood Patch with Fluoroscopy
  - ☐ Bilateral ☐ Left ☐ Right Hip Arthrogram with Fluoroscopy
  - ☐ Bilateral ☐ Left ☐ Right Greater Trochanteric Bursa Injection
  - ☐ Bilateral ☐ Left ☐ Right Occipital Nerve Block ☐ Peripheral Nerve Block
  - ☐ Cervical ☐ Thoracic ☐ Lumbar Trigger Point Injection
  - \_\_\_\_\_ Radio Frequency Lesioning of Paravertebral
  - Facet Nerve with Fluoroscopy
  - ☐ Intercostal
  - ☐ Other: \_\_\_\_\_

- IV fluids 1000 ml LR @ KVO. If on dialysis or in kidney failure use 1000 NS. May use up to 0.5 ml 1% Lidocaine intradermal at IV site ☐ Saline Lock if Autologous Epidural Blood Patch

### LABS:

- Fasting Blood Glucose on all diabetic patients prior to procedure. Notify MD if >200 <70.
- Prothrombin Time prior to procedure on all patients taking Coumadin
- Urine HCG on all females of child bearing ability (menses to 55 years). Exception: hysterectomy or tubal ligation. IF POSITIVE, Notify MD, CRNA, or CRNP

☐ EKG now

### MEDICATIONS:

- ☐ Regular Insulin \_\_\_\_\_ units IV now
- ☐ Albuterol 2.5 mg ☐ Atrovent 0.5 mg breathing treatment per Respiratory now
- Ancef 1 gram IV piggy back on admission for all discogram procedures
- Ancef 50 mg 0.5 ml preservative free in syringe for discogram and intradiscal injection
- Pepcid 20 mg IV piggy back prior to procedure, unless reflux medication taken prior to arrival
- Zofran 8 mg IV PRN nausea x1, if not allergic

☐ Optional • Required

**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**