

PHYSICIAN'S ORDERS



CULLMAN
REGIONAL

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

Med(s)/Food(s) causing Anaphylactic Reaction: _____

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

Outpatient Procedure Order Set

Admit Outpatient ☐ One Day Surgery

1. Admit to Dr. _____

2. Diagnosis: _____

3. Surgical Procedure: _____

4. NPO after 2200

5. Pre-op lab per Anesthesia
Additional Labs: _____

6. Home meds per Anesthesia

7. Pre-op Antibiotic: _____

SEE ANTIBIOTIC SELECTION PRE-OP FORMULARY

8. Start IV with 1000 cc LR at KVO

9. Discharge:

- Vital signs stable
- Swallow, cough and gag reflex present
- Able to ambulate
- Alert and oriented
- Nausea, vomiting, dizziness minimal
- Absence of respiratory distress
- PAR score = 9-10
- Dressing check with minimal drainage present
- Voided (when indicated)
- Patient given discharge instructions - _____
- Take home prescriptions

Rx: _____

Rx: _____

Rx: _____

- Discharge signed
- Responsible adult present to take patient home
- Follow-up appointment: _____
- Physical Therapy appointment (if applicable): _____

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

Please use Ball Point Pen ONLY