

PHYSICIAN'S ORDERS



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

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

Pre-Image Guided Invasive Procedure Admission Order Set
(Biopsies, Drainage Procedures)

PRE PROCEDURE

- 1. Outpatient Medical Day Admission to
2. Pre-Procedure Diagnosis:
3. Allergies:
4. Notify Diagnostic Imaging (CT, US, Fluoroscopy) of patient's arrival.
5. Vital Signs Routine.
6. Activity: Up ad lib
7. NPO
8. Permit signed for:
To be performed by;

LABORATORY

- 1. Draw blood for PT, PTT, and platelet count upon arrival. (Place results on chart and notify MD of abnormal values)

MD Signature: Date & Time:

POST PROCEDURE

- 1. S/P:
2. Vital Signs
3. Activity:
4. Diet: as tolerated Other:
5. Discharge:
6. If stereotactic or vacuum assisted breast biopsy were performed; notify Nurse Navigator for results follow up

MD (Radiologist) Signature: Date & Time:

Please use Ball Point Pen ONLY

Reviewed: 10/22/13 DO NOT USE: U IU QD QOD MS MSO4 MgSO4