

## 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 \_\_\_\_\_, MD (referring MD)
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; \_\_\_\_\_, MD (Radiologist)

#### 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**