



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. ☐

STEMI Admission Order Set

Admission Status: Inpatient

Admit to Dr. _____

Admit to CCU

Diagnosis:

Allergies:

IV: ☐ IV lock with flush q shift

☐ D5W

☐ D5½ NS

☐ NS

☐ D5LR

☐ LR

☐ Other: _____

Call Dr. _____ when patient arrives to the unit.

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

Cullman Regional Medical Center

Please use Ball Point Pen ONLY

Physician's Orders

Reviewed: 07/2017

DO NOT USE: U IU QD QOD MS MSO4 MgSO4

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