CULLMAN REGIONAL

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**_____