

PHYSICIAN'S ORDERS



CULLMAN
REGIONAL

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

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

Vascular Procedures Order Set

- For all vascular procedures: Notify physician immediately of systolic blood pressure > 150.

Physician Signature: _____ Date & Time: _____

Cullman Regional Please use Ball Point Pen ONLY Physician's Orders
DO NOT USE: U IU QD QOD MS MSO4 MgSO4