

PHYSICIANS ORDER SHEET



Cath Lab Pre Screening

Allergies:

Height _____ **(cm)** **Weight** _____ **(KG)**

1. Place patient information label on sheet before placing in chart.
2. All pre printed orders must be individually checked off by the physician.
3. Nurse verifies individual order and signs name/date/time at end of set of orders.
4. The use of Generic equivalent drug may be substituted by Pharmacy.

Laboratory

▶ CHECK TO SEE IF LAB WORK HAS BEEN DONE WITHIN THE LAST 10 DAYS. IF NOT, ORDER THE FOLLOWING LABS.

CBC w/ Indices

T;N ST Nurse collect : No Blood

PTINR

T;N ST Nurse collect : No Plasma

PTT

T;N ST Nurse collect : No Plasma

Chem 7

T;N ST Nurse collect: No Serum

Diagnostic Tests

▶ CHEST X-RAYS NEED TO BE DONE WITHIN THE LAST 6 MONTHS. IF THEY HAVE NOT BEEN COMPLETED ORDER THEM.

XR Chest 1 View Frontal

T;N Stat Reason for Exam:

XR Chest 2 Views

T;N Routine Reason for Exam:

Cardiology

EKG

T;N Stat Once Portable

Physician's Signature: _____ Date: _____ Time: _____ Page:1/1

RN's Signature: _____ Date: _____ Time: _____