



Physician Orders ADULT

RAD Peripheral Thrombolysis Pre Procedure Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
NOTE: These orders are NOT to be used for patients experiencing a stroke or pulmonary embolism.		
Uncategorized		
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: RAD Peripheral Thrombolysis Phase When to Initiate: _____
Vital Signs		
<input type="checkbox"/>	Vital Signs with neuro checks	T;N, Comment: baseline prior to procedure.
Food / Nutrition		
<input type="checkbox"/>	NPO	T;N,
Laboratory		
<input type="checkbox"/>	CBC	STAT, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (APTT)	STAT, once, Type: Blood
<input type="checkbox"/>	INR Normalized PT Ratio (INR)	STAT, once, Type: Blood
<input type="checkbox"/>	Fibrinogen Level	STAT, once, Type: Blood

Date

Time

Physician's Signature

MD Number

