

Physician Orders

Care Set: Medical Clearance for Surgery Orders

[X or R] = will be ordered unless marked out.

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: _____		
Respiratory Care		
<input type="checkbox"/>	Oxygen Saturation-Spot Check (RT) (O2 Sat-Spot Check (RT))	T;N
Laboratory		
<input type="checkbox"/>	CBC	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Prothrombin Time (PT/INR)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Pregnancy Screen Serum	T;N,Routine,Type: Blood
<input type="checkbox"/>	Urinalysis	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam (GT and LEB only)	T;N, Routine, once, Type: Urine, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Routine, Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Routine, Stretcher
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: Routine
Consults/Notifications		

Date	Time	Physician's Signature	MD Number
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