

Physician's Orders

PRE-OPERATIVE KIDNEY TRANSPLANT RECIPIENT
PAW ORDERS – ADULT CARE SET

HT: _____ cm WT: _____ kg

Allergies: _____

Date & Time	PHYSICIAN'S ORDERS & DIET
	• Bullets Indicate to enter standard orders unless marked out
	[] Boxes to be checked only if needed
	Admit Patient To Transplant Service for Dr.:
	Diagnosis: Pre-operative kidney transplant
	Diagnostic Tests (STAT):
	1. CMP
	2. CBC
	3. PT/INR
	4. UA, if possible
	5. Type and Screen
	6. Serum HCG, If applicable
	7. EKG: indication: _____
	8. CXR: _____
	Precoordinator Signature: _____
	Precoordinator Pager: _____
	Physician/NP Signature: _____ Physician ID Number: _____
	Physician Name Printed: _____ Physician Pager: _____