



attach patient label

# Physician Orders

## 10CC Common Orders

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

Adult

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Latex allergy	<input type="checkbox"/> Other: _____	
<b>Hematology Labs</b>		
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	CBC w/o Diff (CBC withOUT diff)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Hematocrit	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Prothrombin Time (PT)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Platelet Function Test	STAT, T;N, once, Type: Blood, Nurse Collect
<b>Blood Bank Labs</b>		
<input type="checkbox"/>	Type and Screen	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Type and Crossmatch PRBC	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Transfuse PRBC'S-Not Actively Bleeding	STAT, T;N
<input type="checkbox"/>	Transfuse PRBC'S-Not Actively Bleeding	STAT, T;N
<input type="checkbox"/>	Transfuse PRBC'S-Actively Bleeding	STAT, T;N
<input type="checkbox"/>	Transfuse PRBC'S-MI/Sepsis	STAT, T;N
<input type="checkbox"/>	Transfuse PRBC'S-Sickle Cell Disease	STAT, T;N; Reason: Sickle cell disease
<input type="checkbox"/>	Hold PRBC	STAT, T;N
<b>Chemistry Labs</b>		
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Comprehensive Metabolic Panel	STAT, T;N, once, Type: Blood, Nurse Collect
	CMP + Direct Bilirubin=Liver Function Test	
<input type="checkbox"/>	Bilirubin Direct (Direct Bilirubin)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Hepatitis Profile (A, B, & C) (Acute Hepatitis Profile (A, B & C)	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Hepatitis A Total Antibody	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Iron Level	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Ferritin Level	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Pregnancy Screen Serum	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Magnesium Level	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Uric Acid Level	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Insulin Level	STAT, T;N, once, Type: Blood, Nurse Collect
<b>Referred Labs</b>		
<input type="checkbox"/>	Selenium Level	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Alcohol Level	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Nicotine and Cotinine Level, QN, Ur	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Vitamin A Level	STAT, T;N, once, Type: Blood, Nurse Collect
<b>Diagnostic Immunology</b>		
<input type="checkbox"/>	Folate Level	STAT, T;N, once, Type: Blood, Nurse Collect





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ADULT

Diagnostic Immunology continued		
<input type="checkbox"/>	T3 Total Level	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	T4 Total	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	TSH	STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Vitamin B12 Level	STAT, T;N, once, Type: Blood, Nurse Collect
Microbiology		
<input type="checkbox"/>	Urine Culture	Routine, T;N, Specimen Source: Urine, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Chest 2VW Frontal & Lat (CXR)	T;N, Reason for Exam: _____; Routine; Transport Mode: _____
<input type="checkbox"/>	Electrocardiogram (EKG)	T;N, STAT, Reason for Exam: _____
Respiratory Therapy Orders		
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect) (ABG-RT Collect)	T;N Stat

\_\_\_\_\_  
**Date**                      **Time**                      **Physician's Signature**                      **MD Number**