

Physician Orders

Care Set: Routine AM Diagnostic Orders

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

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

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies

☐ Medication allergy(s): _____

☐ Latex allergy ☐ Other: _____

Laboratory Chemistry Orders

<input type="checkbox"/>	Amylase Level	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Brain Natriuretic Peptide	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	BUN	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Creatinine	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Digoxin Level	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Phenytoin Level (Dilantin Level)	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Calcium Ionized (Ionized Calcium)	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Lipase Level	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Magnesium Level	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Phosphorus Level	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Potassium Level	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Renal Function Panel	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Thyroid Profile	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Urinalysis	Routine, T+1;0400, once, Type: Urine, Nurse Collect

Laboratory Hematology Orders

<input type="checkbox"/>	CBC	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	CBC w/o Diff	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Ferritin Level	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Folate Level (Folic Acid Level)	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Hematocrit	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Hemoglobin A1C (Hgb A1C)	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Iron Profile	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Platelet Count	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time (PT/INR)	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Erythrocyte Sedimentation Rate (Sed Rate)	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect) (ABG- RT Collect)	T+1;0400 Routine once
<input type="checkbox"/>	Vitamin B12 Level	Routine, T+1;0400, once, Type: Blood

Diagnostic Tests

<input type="checkbox"/>	Chest 1VW Frontal (Chest 1 VW)	T+1;0800, Routine, Reason: _____, portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T+1;0800, Routine, Reason: _____, stretcher
<input type="checkbox"/>	Electrocardiogram (EKG)	T+1;0800, Priority: Routine
<input type="checkbox"/>	Abd Sing AP VW (KUB)	T+1;0800, Routine, Reason: _____, stretcher

Date _____ Time _____ Physician's Signature _____ MD Number _____

