## PHYSICIAN’S ORDERS

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### ADMIT

- [ ] Date: _____ / _____ / ______
- [ ] Time: ____________
- [ ] Admit to Dr. ________________  CV Fellow: ________________  Beeper # ____________
- Status of Admission:  [ ] Inpatient  [ ] 23 hr Observation
- [ ] Diagnosis: ____________________  Assistant: ________________  Beeper # ____________
- [ ] Notify Cardiology Dr. __________________________
- [ ] Diet: Preop NPO orders per anesthesia  [ ] Activity as tolerated.

### MONITORING

- [ ] Vital Signs prior to surgery
- [ ] Measure weight (kg) and height (cm)

### PROCEDURES

- [ ] __________________________________________________________

### LABORATORY

- [ ] CBC
- [ ] BMP  [ ] Serum Preg Test
- [ ] PT/PTT  [ ] UA
- [ ] T & C for PRBC’s_________unit(s) FFP_________unit(s) Plt_________(units)
- [ ] NOTIFY CARDIOTHORACIC SURGERY STAT IF LAB VALUES ABNORMAL.

**Physicians Signature _________________________________  Physician # ________________**