**Physician Orders ADULT**

**RAD Peripheral Thrombolysis Pre Procedure Plan**

[R] = will be ordered  
T = Today; N = Now (date and time ordered)

Height: ___________ cm  
Weight: ___________ kg

<table>
<thead>
<tr>
<th>Allergies:</th>
<th>[ ] No known allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication allergy(s):</td>
<td>____________________________</td>
</tr>
<tr>
<td>Latex allergy</td>
<td>[ ] Other: ____________________________</td>
</tr>
</tbody>
</table>

**NOTE:** These orders are *NOT* to be used for patients experiencing a stroke or pulmonary embolism.

### Uncategorized

- [ ] Initiate Powerplan Phase  
  T,N, Phase: RAD Peripheral Thrombolysis Phase  
  When to Initiate: ________________________________

### Vital Signs

- [ ] Vital Signs with neuro checks  
  T,N, Comment: baseline prior to procedure.

### Food / Nutrition

- [ ] NPO  
  T,N,

### Laboratory

- [ ] CBC  
  STAT, once, Type: Blood
- [ ] Partial Thromboplastin Time (APTT)  
  STAT, once, Type: Blood
- [ ] INR Normalized PT Ratio (INR)  
  STAT, once, Type: Blood
- [ ] Fibrinogen Level  
  STAT, once, Type: Blood

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician's Signature</th>
<th>MD Number</th>
</tr>
</thead>
</table>

*111*

**NOTE:** These orders are *NOT* to be used for patients experiencing a stroke or pulmonary embolism.