UMC Health System

ADULT URINARY CATH REMOVAL SDO - DR. A. HAYNES

Patient Label Here

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Patient Care
	Please order under Dr. A. Haynes and use STANDING DELEGATION per policy NE-251.1.
	Discontinue Urinary Catheter - SDO Adult (Discontinue Urinary Catheter - SDO Adult Guidelines) ☐ T;N, SDO Guidelines See Reference Text
	Perform Bladder Scan ☐ Scan PRN, Then: I/O Cath x 2 then call MD
	Insert Straight Cath ☐ As needed per Standing Delegation order

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____Signature on file_____ **Date** _____ **Time** _____