

PHYSICIAN ORDERS

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
	NS <input type="checkbox"/> IV, 50 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr
	1/2 NS <input type="checkbox"/> IV, 50 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr
	D5 1/2 NS <input type="checkbox"/> IV, 50 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
acetylcysteine (acetylcysteine (Mucomyst) 600 mg oral capsule) <input type="checkbox"/> 600 mg, PO, cap, ONE TIME	
Laboratory	
IF NO RESULTS PAST 72 HOURS OR ABNORMAL RESULTS CALL PROVIDER	
Click to review cardiac labs	
	Anti Xa Level <input type="checkbox"/> STAT, T;N
	Basic Metabolic Panel (BMP) <input type="checkbox"/> STAT, T;N
	Brain Natriuretic Peptide (proBNP) <input type="checkbox"/> STAT, T;N
	CBC <input type="checkbox"/> STAT, T;N
	Comprehensive Metabolic Panel <input type="checkbox"/> STAT, T;N
	Digoxin Level <input type="checkbox"/> STAT, T;N
	Hemoglobin A1C <input type="checkbox"/> STAT, T;N
	Lipid Panel <input type="checkbox"/> STAT, T;N
	Magnesium Level <input type="checkbox"/> STAT, T;N
	Prothrombin Time with INR <input type="checkbox"/> STAT, T;N
	PTT <input type="checkbox"/> STAT, T;N

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



CONTRAST ALLERGY PREMEDICATION PROTOCOL

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ORDER	ORDER DETAILS
	To be given 13 hours before study with contrast. methyIPREDNISolone <input type="checkbox"/> 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 13 hours before study with contrast. Premedication for contrast allergy.
	To be given 7 hours before study with contrast. methyIPREDNISolone <input type="checkbox"/> 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 7 hours before study with contrast. Premedication for contrast allergy.
	To be given 1 hour before study with contrast. methyIPREDNISolone <input type="checkbox"/> 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 1 hour before study with contrast. Premedication for contrast allergy.
	diphenhydrAMINE <input type="checkbox"/> 50 mg, IVPush, inj, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

