

UMC Health System

Patient Label Here

MORPHINE INJECTION IN HEPATOBILIARY SCAN WITHOUT EJECTION FRACTION PROTOCOL PLAN

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

Morphine Injection Protocol in Nuclear M (Morphine Injection Protocol in Nuclear Med)

Reference Text

Vital Signs

Routine, Per Policy

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

morphine

2 mg, IVPush, inj, ONE TIME

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

