UMC Health System

THORACENTESIS PLAN

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
	Send for Fluid Analysis ☐ T;N, Send for Fluid Analysis
	Laboratory
	Body Fluid Cell Count and Differential
	Body Fluid Albumin
	Body Fluid Amylase
	Body Fluid Glucose Level
	Body Fluid LDH
	Body Fluid Protein
	Culture Body Fluid with Gram Stain
	Diagnostic Tests
	US Thoracentesis (Left)
	US Thoracentesis (Right)
	US Thoracentesis (Bilat)
	DX Chest for SP Thora ONLY

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

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____