

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION  
 DO NOT USE ABBREVIATIONS**

<b>DOCTORS ORDERS TRANSPORT ORDERS</b>	<b>CHECK OFF/ INITIALS</b>
1. Maintain Intravenous Infusions of _____ at _____	
2. Start/Titrate Intravenous Nitroglycerin at _____ mcg/min, Titrate for pain relief or to maintain Systolic Blood Pressure greater than or equal to 120.	
3. Oxygen at _____ via _____ to keep Oxygen Saturation greater than or equal to _____%.	
4. Vital Signs prior to transport and as needed until arrival at receiving facility.	
5. Nitroglycerin (Nitrostat®) Sublingual 0.4mg _____ tablets _____ minutes apart for chest pain.	
6. Furosemide (Lasix®) _____ mg Intravenous for respiratory distress during transport.	
7. Morphine Sulfate _____ mg Intravenous for total of _____ mg/hour for chest pain.	
8. Follow ACLS algorithms for arrhythmias; transport to nearest hospital if needed.	
9. For questions, contact medical command for the region.	

<b>Physician/Date/Time:</b>	<b>Nurse/Date/Time:</b>	<b>Secretary/Date/Time:</b>
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**Full page of orders requires only one physician, one nurse and one clerical signature**



Original to Patient's Chart

Fax to Pharmacy

Revised 9/05; 12/05

Reviewed: 10/09

Form #1.14-001