WESTERN MARYLAND HEALTH SYSTEM
Physician Orders

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

DOCTORS ORDERS **PHARMACOLOGICAL STRESS TEST**	**CHECK OFF/ INITIALS**
Body Weight_____kg_____pounds	
☐ Adenosine (Adenocard®) dose (0.84 mg/Kg) in 50 mL 0.9% Sodium Chloride Solution intravenous final volume. Administer over 6 minutes.	
☐ Dobutamine (Dobutrex®) 500 mg/250 mL 0.9% Sodium Chloride Solution intravenous. Administer per protocol.	
☐ Dipyridamole (Persantine®) dose (0.56 mg/Kg) in 50 mL 0.9% Sodium Chloride Solution intravenous final volume. Administer over 4 minutes.	
Start intravenous line with 250 mL 0.9% Sodium Chloride to keep vein open.	
☐ Regadenoson (Lexiscan®) 0.4 mg/5mL) (0.08 mg/mL) intravenous. Administer over 20 seconds followed by Normal Saline Flush of 5 mL.	

Physician/Date/Time:	**Nurse/Date/Time:**	**Secretary/Date/Time:**
_____	_____	_____

Full page of orders requires only one physician, one nurse and one clerical signature

Original to Patient's Chart **Fax to Pharmacy**