

WESTERN MARYLAND HOSPITAL SYSTEM PHYSICIAN ORDER FORM

Cardiac: <input type="checkbox"/> ED Cardiac Panel <input type="checkbox"/> Other (monitor, O ₂ via NC @ 2L, old EKG, hep lock) Psych: <input type="checkbox"/> Male Medical (CBC, BMP, EtOH, Tox, UA, DRAB) <input type="checkbox"/> Female Medical (CBC, BMP, EtOH, Tox, UA, DRAB) <input type="checkbox"/> Overdose (CBC, BMP, ASA, Acetaminophen, EKG, Hepatic, UA, DRAB) <input type="checkbox"/> Adult Septic (CBC, CMP, Lactate, Bld cx x 2, UA, Ucx, pCXR) <input type="checkbox"/> Pediatric Septic (CBC, Bld cx x 1, UA, Ucx, CXR-2 view) <input type="checkbox"/> Pregnant Bleeding (CBC, Quant beta, ABO&Rh, UA, Ucx) <input type="checkbox"/> Trauma Panel <input type="checkbox"/> Stroke/TIA Panel	Procedures: <input type="checkbox"/> Monitor <input type="checkbox"/> Pulse Ox <input type="checkbox"/> Accucheck <input type="checkbox"/> Heplock <input type="checkbox"/> Foley <input type="checkbox"/> Orthostatics <input type="checkbox"/> NG tube <input type="checkbox"/> EKG with old EKG <input type="checkbox"/> _____ <input type="checkbox"/> _____	Labs: <input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> CMP <input type="checkbox"/> Lipase <input type="checkbox"/> LFT <input type="checkbox"/> PT/PTT/INR <input type="checkbox"/> CSF Panel <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> CPK <input type="checkbox"/> CK-MB <input type="checkbox"/> Troponin <input type="checkbox"/> Mg <input type="checkbox"/> D-Dimer <input type="checkbox"/> BNP <input type="checkbox"/> Type&Screen <input type="checkbox"/> Type&Cross <input type="checkbox"/> units PRBC <input type="checkbox"/> FFP <input type="checkbox"/> Platelets <input type="checkbox"/> ABG: (on / off oxygen) <input type="checkbox"/> Lactate <input type="checkbox"/> VBG <input type="checkbox"/> Aspirin <input type="checkbox"/> Dilantin <input type="checkbox"/> Digoxin <input type="checkbox"/> EtOH <input type="checkbox"/> Tylenol <input type="checkbox"/> Depakote		
Records: <input type="checkbox"/> Old Chart	Pregnancy: <input type="checkbox"/> Urine Qual <input type="checkbox"/> Serum Qual <input type="checkbox"/> Serum Quant <input type="checkbox"/> ABO & Rh	Urine: <input type="checkbox"/> UA <input type="checkbox"/> C&S <input type="checkbox"/> Tox	Gyn: <input type="checkbox"/> STD Panel <input type="checkbox"/> Cervical C&S <input type="checkbox"/> KOH <input type="checkbox"/> Wet Prep	Cultures: <input type="checkbox"/> Blood x _____ <input type="checkbox"/> Throat (no RS) <input type="checkbox"/> Rapid Strep <input type="checkbox"/> Wound: (site: _____) <input type="checkbox"/> Stool: Shigella, Salmonella, Yersinia, Campylobac, E coli 0157 <input type="checkbox"/> RSV <input type="checkbox"/> Mono <input type="checkbox"/> Influenza <input type="checkbox"/> C.Diff toxin <input type="checkbox"/> Rotavirus <input type="checkbox"/> Sputum

Plan Films	Reason	Advanced Studies	Reason	Contrast	Type	
<input type="checkbox"/> CXR		<input type="checkbox"/> CT Head		Y	IV	PO
<input type="checkbox"/> C-Spine		<input type="checkbox"/> CT C-Spine		Y	IV	PO
<input type="checkbox"/> LS Spine		<input type="checkbox"/> CT Chest		Y	IV	PO
<input type="checkbox"/>		<input type="checkbox"/> CT Abd/Pelvis		Y	IV	PO
<input type="checkbox"/>		<input type="checkbox"/> Ultrasound _____				
<input type="checkbox"/>		<input type="checkbox"/>				

***Allergies:						
Provider initials	Order time	Additional Treatment	Peds: mg / kg	Time	RN Initials	
		Oxygen: NC @ _____ L/min / NRB / Venti Mask at _____ % (circle one) (Titrate oxygen to maintain sat > _____ %)				
		IVF: _____ ml bolus of NS / LR / _____ (circle one)				
		IVF Maintenance: _____ ml / hour of NS / D5½ / LR / _____ (circle one)				
		Admit to inpatient status @ _____				
RN Signature(s):		1)	2)	Initials:	Date:	
Physician Signature(s):		1)	2)	Initials:	Date:	
Final Diagnosis:			PATIENT LABEL			