

COLUMBUS, MISSISSIPPI 39701  
**PHYSICIAN'S ORDERS**

ALLERGIES:

ORDERED		ARTERIOGRAM	ORDERS	MARK ELLIS, M.D.	TIME ORDER NOTED
Date	Time				
<b>PRE-ANGIOGRAM ORDERS</b>					
			1. NPO EXCEPT PO MEDS AND SIPS OF WATER AFTER MIDNIGHT/CLEAR LIQUID BREAKFAST.		
			2. IV-D5-1/2 NS AT 100 CC/HR.		
			3. HAVE PATIENT VOID ON CALL TO ANGIOGRAPHY		
			4. PT-PTT, CBC WITH PLATELET COUNT AND CHEM-7 ON ARRIVAL.		
			5. DO NOT ADMINISTER NARCOTICS UNTIL CONSENT FOR ANGIOGRAPHY HAS BEEN OBTAINED.		
<b>POST ANGIOGRAM ORDERS</b>					
			1. VS EVERY 15 MINUTES X 4, EVERY 30 MINUTES X 4, EVERY 1 HOUR X _____ THEN ROUTINE IF STABLE.		
			2. OBSERVE RIGHT/LEFT GROIN/AXILLA AS PER VS FOR BLEEDING OR HEMATOMA.		
			3. CHECK _____ FOR PULSE (S) AS PER VS.		
			4. STRICT BEDREST X _____ HOURS.		
			5. HEAD OF BED NOT GREATER THAN 30 DEGREES DURING BEDREST.		
			6. RESTRICT MOVEMENT OF RIGHT/LEFT UPPER/LOWER EXTREMITY (IES) DURING BEDREST.		
			7. RESUME PRE-PROCEDURE DIET.		
			8. ENCOURAGE P.O. FLUIDS.		
			9. ANY QUESTIONS OR PROBLEMS CONCERNING POST-ANGIOGRAM MANAGEMENT CALL DOCTOR _____, RADIOLOGY 1186 PAGER 240-5408 OR 327-8346		

**Please Use Ball Point - Press Firmly**  
**567633**

AFTER PHYSICIAN WRITES A MEDICATION ORDER:  
 1. REMOVE FIRST YELLOW COPY (MEDICINE ORDER - 1).  
 2. SEND YELLOW COPY TO PHARMACY.  
 3. AFTER LAST YELLOW SHEET IS USED, "X" OUT REMAINING UNUSED LINES.  
 4. IF ORIGINAL RECORD IS COMPLETELY FILLED, TEAR OFF EXCESS YELLOW COPIES. PLACE NEW RECORD ON CHART.