ORD

ORDERED Date	Time	ARTERIOGRAM ORDERS FOR DR MARK ELLIS, DR JOSEPH KELLY & DR DAVID MORGAN
		Refer to Master Allergy Sheet
		Admit to: Outpatient Surgery
		Diagnosis:
		Diet: NPO except meds
		Lab: BMP, CBC, PT/PTT stat if not done prior to admission.
		Medication: Cefazolin (Ancef) 1 gram IV, if allergic, give Cipro Floxacin (Cipro) 400 mg IV on call to procedure.
		Normal saline at 100 cc per hour.
		Post-Arteriogram
		Nursing: Vital Signs every 15 minutes for 1 hour, then every 30 minutes for 1 hour,
		then every 1 hour for _____ hours, then routine if stable.
		Observe right / left / groin / axilla for bleeding / hematoma as per VS.
		Call _____ at _____ for questions or problems.
		Activity: Strict bedrest for _____ hours.
		Restrict movement of right / left / leg / arm during bedrest period.
		Head of bed no higher than 30° during bedrest period.
		Diet: Resume pre-procedure diet. Encourage fluids.
		Discharge At _____ o'clock if stable.
		Give copy of appropriate *Discharge Instructions* on discharge.
		MD Signature:
		Date/Time:

BAPTIST.
MEMORIAL HOSPITAL
GOLDEN TRIANGLE

ARTERIOGRAM ORDERS

David Morgan, MD – Mark Ellis, MD – Alice Naquin, CFNP – Joseph Kelly, MD

Form # 18-114.6 (01/09)

▼ Addressograph / Patient Label ▼

Original – Chart / Canary – Pharmacy