ORD

ORDERED Date	ORDERED Time	MISCELLANEOUS SPECIAL ORDERS FOR DR MARK ELLIS & DR JOSEPH KELLY Myelogram, PICC line, IVC Filter, NG tube, Check catheter/tube		TIME NOTED
		PRE-PROCEDURE		
		Allergies:		
		Admit to:	Outpatient Surgery	
		Diagnosis:		
		Diet:	NPO except meds	
		Lab:	None unless on Coumadin, then do PT	
		Medication:		
		POST-PROCEDURE		
		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	
			Call _____ at _____ for questions or problems	
		Activity:	Bedrest for _____ hours with HOB at _____ degrees; activity as tolerated	
		Diet:	Resume Pre-Procedure diet. Encourage fluids	
		Discharge:	At ____o'clock if stable	
			Give copy of appropriate *Discharge Instructions* on discharge	
Signature:		**Mark Ellis, MD** _____ **Joseph Kelly, MD** _____		

BAPTIST
Memorial Hospital
Golden Triangle

MISCELLANEOUS SPECIAL ORDERS
For Dr. Mark Ellis & Dr. Joseph Kelly

Form # 18-214.5 (05/05)

▼ Addressograph / Patient Label ▼