

ALLERGIC: NO YES

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's bloods, blood components)	NOTED BY WHOM
	Admit to: GI Endoscopy <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient			Intra-procedure medications orders:	
	Admitting Diagnosis: _____		<input type="checkbox"/>	Fentanyl _____ micrograms IV	
	Procedure: _____		<input type="checkbox"/>	Midazolam (i.e. Versed®) _____ mg IV	
	Start IV as indicated by procedure		<input type="checkbox"/>	Diazepam (i.e. Valium)	
	Vital Signs on admission, NPO		<input type="checkbox"/>	Glucagon _____ mg IV	
	Diabetic patients: finger-stick blood glucose		<input type="checkbox"/>	Atropine _____ mg IV	
<input type="checkbox"/>	Urine HCG		<input type="checkbox"/>	Epinephrine _____ ml of 1:10,000 units into _____	
	Intra-procedure orders for conscious sedation		<input type="checkbox"/>	Morrhuate Sodium 5% _____ mL into _____	
<input type="checkbox"/>	Pulse oximeter on @ _____		<input type="checkbox"/>	Naloxone (i.e. Narcan®) _____ mg IV	
<input type="checkbox"/>	O ₂ via <input type="checkbox"/> Nasal cannula <input type="checkbox"/> Mask on @ _____ L/min		<input type="checkbox"/>	Flumazenil (i.e. Romazicon®) _____ mg IV	
<input type="checkbox"/>	Cardiac Monitor on @ _____		<input type="checkbox"/>	Sinacalide (i.e. Kinevac®) _____ micrograms IV	
	POST PROCEDURE ORDERS, ADMIT TO: _____		<input type="checkbox"/>	Spot _____ mL into _____	
	Vital Signs with O ₂ Sat every 10 minutes x 3		<input type="checkbox"/>	Botox _____ micrograms injection into _____	
	IV line- discontinue at time of discharge to home		<input type="checkbox"/>	Lidocaine 4% solution. Administer pre-procedure for gargling	
	<input type="checkbox"/> Diet as tolerated <input type="checkbox"/> Clear Liquids <input type="checkbox"/> NPO		<input type="checkbox"/>	0.9% Normal Saline 500 mL. Administer at _____ mL per hour IV	
	Nasal cannula -2L/min to max 6L/min		<input type="checkbox"/>	D5W 500 mL. Administer at _____ mL per hour IV	
	Maintain % O ₂ >92 and wean to room air			ANTIBIOTIC ORDERS:	
	Post-op: Obtain SP O ₂ within 15 minutes of each rate change				
	O ₂ Mask, simple-6L/min to max 12L/min				
	Maintain % O ₂ >92 and wean to room air				
	Post-op: Obtain SP O ₂ within 15 minutes of each rate change				
	If procedural sedation: Discharge per procedural sedation protocol				
	For Cases that Anesthesia has been administered:				
	Discharge from PACU When Post-Anesthesia Evaluation				
	Completed				

PHYSICIAN'S ORDER FORM



6804