

UPDATED SCHEDULING SHEET FOR OUTPATIENT MEDICAL
420 Lowell DR., Suite 500 (Professional Tower) 256-265-3058

Scheduler's Name and Phone Number _____

Today's Date/Time _____

Patient's Name _____ DOB _____

Ht. _____ Wt. _____ Allergies _____

Pregnant: No _____ Yes _____ How many weeks _____ Lactating: No _____ Yes _____

Patient's Phone # (C) _____ (H) _____

Social Security # _____

Insurance _____ Policy # _____

PCP Referral # _____

(Must have this if patient has Medicaid "Patient First." If MD office does not have this referral #, tell them to get it and fax to us ASAP).

Procedure _____ Diagnosis _____

Ordering Physician _____

Date Scheduled _____ Time Scheduled _____

Will this patient's drug be sent to HH from a specialty pharmacy? No _____ Yes _____ If "yes" has the drug order been placed with the specialty pharmacy? No _____ Yes _____

Does pt. have a central line? No _____ Yes _____ What kind: PICC _____ PortaCath _____ Hickman _____ Other _____

Is patient ambulatory? Yes _____ No _____ If "no" someone may be asked to stay with patient.

Any special needs? No _____ Yes _____ If "yes" explain _____

Will they need an interpreter? No _____ Yes _____ What language? _____

For All Orders: Make sure physician "signs, dates, and times" all orders. Diagnosis, Ht., Wt., DOB, allergies, and pregnancy and lactation status (if applicable) must be written on order.

For Blood Transfusions: Type & Crossmatch done? Yes _____ No _____ On order sheet include: RBAs discussed with pt. If T & XM done remind them to tell pt. to keep armband on.

If patient is to stay for an extended time remind them to bring lunch or snack if needed.

Instruct Scheduler to fax completed order to (256) 265-3074

PHYSICIAN'S ORDERS



PHYORD

HUNTSVILLE HOSPITAL
HEALTH SYSTEM

HUNTSVILLE, ALABAMA

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Plan Selection Display: INF Adult Dehydration Orders
Available at: Outpatient Medical Services

Diagnosis and ICD-10 code _____

Allergies _____

Weight (kg) _____ Height (cm) _____

Labs (Day 1)

- ☒ CBC With Diff (CBC/Diff) - Blood, Stat, T;N, Once
- ☒ BMP - Blood, Stat, T;N, Once

Infusion (Day 1 to 2)

- ☒ Vital Signs q 1 hr
- ☒ Saline Lock
 - ☐ May leave saline lock for Day 2
- ☒ Notify Provider
For abnormal lab results
- ☒ sodium chloride 0.9% bolus
1,000 mL, IV Bolus, Soln-IV, Day of Tx
- ☒ LR with Multivitamin 1000 mL
10 mL, IV, Soln-IV, Day of Tx,
Comments: After NS bolus administer at a rate of 300 mL/hr
- ☒ LR drip
Soln-IV, IV, 300 mL/hr,
Comments: follow LR with multivitamin, discontinue at time of discharge
- ☒ ondansetron (Zofran DoT)
4 mg, IV Push, Injection, q 30 min, PRN nausea
Comments: Do not exceed 8 mg in 8 hours
- ☒ thiamine DoT
100 mg, IV Piggyback, Soln-IV, Day of Tx
- ☒ HOSP Electrolyte Replacement PROTOCOL
- ☒ pantoprazole (Protonix DoT)
40 mg, IV Push, Injection, Day of Tx
- ☒ prochlorperazine (Compazine DoT)
5 mg, IV Push, Injection, q 30 min for 2 doses, PRN nausea
Comments: if unrelieved by the second dose of Zofran. Max dose of 10 mg
- ☒ ketorolac (Toradol DoT)
30 mg, IV Push, Injection, q 6 hrs for 2 doses [Less Than 65 years]
Comments: Do not give if SCr > 1.3 or if patient > 65 years old

Physician's Sig:

Trans#:

Date:

Time:

Patient Name:

DOB: