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| ***INSTRUCTIONS:*** Date and record the time when the standing orders are put into effect. The physician must co-sign all orders written by the nurse for the physician. Press firmly using a ball point pen. DO NOT use a felt-tip pen.  |
| **The following abbreviations and symbols are NOT approved for use:** (the accepted practice is in parentheses **u** (units) **IU** (International Units) **μ** or **μg** (mcg) **MS** or **MSO4** (morphine sulfate) **MgSO4** (magnesium sulfate) **QD** or **QOD** (daily and every other day) **HCT** (hydrocortisone) **S.C.** or **S.Q.** (subQ) The use of a leading decimal point without a leading zero, or the use of a trailing zero after the decimal point. |
| **Radiology - CT Hydration Orders** |
| Midland Memorial Hospital |
| **DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_TIME: \_\_\_\_\_\_\_\_\_ ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_** |
| **Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Patient Phone #: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Referring Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Name of office staff to contact for questions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Please hydrate patient as follows:  ⁪ 500cc of Normal Saline Pre and Post CT Scan (1000cc NS Total) ⁪ Infuse to gravity (pt has no contraindication to fluid bolus) ⁪ Infuse @ 250 cc per hour ⁪ Infuse @ 125 cc per hour ⁪ Other specific hydration orders as listed below (please include type of fluid, volume, and rate at which to administer):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  **M.D. signature** |
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