

(place patient label here)

Patient

Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (√) - Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____
 Allergies with reaction type: _____

BENEFIS HOSPITALS ENDOSCOPY SERVICES

Version 4 05/14/2014

PRE-LIVER BIOPSY ORDERS

1. Obtain permit.
2. IV: 1000 ml NS__ TKO 1000 ml D5 1/2 NS____ TKO S.L.:_____
3. Lab work according to physicians order.
4. HH _____
 PT _____
 PTT _____
 CTH _____
 CBC _____

POST-LIVER BIOPSY ORDERS

1. Vital signs: Monitor q 15 min X 4, then Q 30 min until discharge.
2. Length of time on right side _____
3. Oral fluids after _____
4. Lab _____
5. Discharge at _____
6. _____

Provider Signature: _____ Date: _____ Time: _____