BENEFIS HEALTH SYSTEM

Benefis
HOSPITALS

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:_____

DOCTORS ORDERS FOR RADIOLOGY INJECTIONS – DISKO GRAM   Version 4   03/10/2014

1.   Disko Gram
        _____IV Saline Lock
        _____Ancef _____mg in _____ contrast
        _____Ancef 1 gram IV

        _____

        _____

2.   HIP Injections
        _____Depomedrol ____ mg in _____ ml   }   Mixed in the

        _____Marcaine 0.5% in _____ ml   }   same syringe

Provider Signature:_____Date:_____Time:_____