



Height: _____ ' _____ " _____ cm

Allergies: _____

Weight: _____ kg _____ lbs

1	Admitting diagnosis:
2	Transfer: Contact Vascular Surgeon at 612-863-3911 for admission to Abbott Northwestern Keep NPO
3	Code Status: <input type="checkbox"/> Full code with ACLS protocol <input type="checkbox"/> DNR <input type="checkbox"/> DNI <input type="checkbox"/> HealthCare Directive
4	Diagnostic Tests: <input type="checkbox"/> Lower Extremity Arterial Duplex (3127) and Bilateral Ankle-Brachial Index/Toe Brachial Index (3208) <input type="checkbox"/> STAT (acute CLI) <input type="checkbox"/> Same day (chronic CLI) <input type="checkbox"/> Aortoiliac arterial duplex (3025) Indication: _____ Fax results to: _____
5	Stat Labs: <input type="checkbox"/> Basic Metabolic Panel <input type="checkbox"/> CBC with platelets, Diff <input type="checkbox"/> PT/INR (487) <input type="checkbox"/> Beta HCG – serum
6	Chest X-ray PA & Lateral (within 6 months). Send copy with patient on transfer.
7	<input type="checkbox"/> 12 Lead EKG (within 7 days)
8	ORAL MEDICATIONS: Please use order sheet if more space is needed. a. Aspirin 325 mg PO now b. Other _____
9	HEPARIN <input type="checkbox"/> Heparin IV therapeutic protocol with loading dose (60 units/kg [4,000 units max] followed by continuous infusion at 12 units/kg/hr [1,000 units max])
10	ANALGESICS/NARCOTICS <input type="checkbox"/> Acetaminophen 650 mg PO every 3h prn <input type="checkbox"/> Morphine Sulfate 1-5 mg IV every 2-6h prn <input type="checkbox"/> Dilaudid 0.2-0.4 mg every 30 min. prn
11	NPO except for meds with sip of water
12	IV: Normal Saline at _____ mL/h (#20 or 18 Jelco)
13	Mucomyst (Acetylcysteine) 600mg po for contrast prophylaxis

Patient Label Here