



**PHYSICIAN ORDER SET**

AUTHORIZATION IS GIVEN TO THE PHARMACY TO DISPENSE AND TO THE NURSE TO ADMINISTER THE GENERIC OR CHEMICAL EQUIVALENT WHEN THE DRUG IS FILLED BY THE PHARMACY OF UPMC - UNLESS THE PRODUCT NAME IS CIRCLED.

IMPRINT PATIENT IDENTIFICATION HERE

**-- Physician CVTS Thoracentesis Order Set**

Place patient on (unit): \_\_\_\_\_ Attending Physician: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_ Condition: \_\_\_\_\_

*Check All Orders that Apply with a  & All Handwritten Orders Should be **BLOCK PRINTED** for Clarity*

**Pre-Operative Orders**

Admit outpatient CVTS Dr. \_\_\_\_\_

**NPO**

**Insert Saline Lock**

IV Fluids: \_\_\_\_\_

**Thoracentesis tray to bedside**

**Labs:**

- Plts
- INR/PT
- APTT

**Medicate pre-procedure with:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(BLOCK Print Name)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Time: \_\_\_\_\_ Pager # \_\_\_\_\_



Additional Handwritten Orders Should be Placed at the End of this Order Set.

**Order Set Faxed to Pharmacy by:**  
(name / time) \_\_\_\_\_ **Unit:** \_\_\_\_\_