BAPTIST MEMORIAL HOSPITAL – GOLDEN TRIANGLE

PHYSICIAN'S ORDERS

ORDERED		Biopsy / Aspiration / Drainage Orders	TIME
Date	Time	Thoracentesis, Paracentesis, Pericardiocentesis, Lung Biopsy, Liver Biopsy, Breast Biopsy, Thyroid Biopsy, Bone Biopsy, Abscess Drainage, Joint Aspiration, Bone Marrow Aspiration, Lumbar Puncture, Any fluid or tissue removed from patient and sent for studies	ORDER NOTED
		Pre-Procedure	
		Admit: If outpatient, admit to OPS unit	
		Diagnosis:	
		Diet: NPO except meds (at least 4 hours prior to procedure)	
		Lab: if checked ☐ BMP ☐ CBC ☐ PT/PTT ☐ Other:	
		Medication: INT	
		Consent for:	
		Perform the following studies on the specimens obtained:	
		____ *Cytology ____ Glucose	
		____ Cell count with differential ____ Lipase	
		____ Gram Stain ____ Cholesterol	
		____ Culture and Sensitivity ____ Albumin	
		____ LDH ____ AFB Culture / Smear	
		____ Protein ____ Fungal Culture / Smear	
		____ Other as listed ____ Cellblock	
		* Cytology: Floors 1) Order code 9349 in HBO	
		2) Fill out Pathology requisition form completely	
		3) Send specimen (please send as much fluid as possible) and requisition form to lab	
		Other Areas 1) Order code 9349 in HBO	
		2) Fill out Pathology requisition form completely	
		3) Place specimen (please send as much fluid as possible) and requisition form in Pathology basket to be picked up by courier (after 1500 call 327-1262 for pickup, if in Cytolyte may be left at room temp overnight)	
		4) Fill out Pathology log sheet located in basket	
		5) Send copy of these physician orders to lab	
		Post-Procedure	
		Nursing: Vital signs every 15 min for 1 hour, then every 30 min for 1 hour then every hour for 4 hours, then as ordered	
		If greater than 1500 ml of pleural fluid is drained, consider telemetry & admission for observation and notify referring MD.	
		Call ____________ at ____________ for questions or problems	
		Activity: Bedrest for _____ hours with HOB at _____, then activity as tolerated	
		Diet: Resume pre-procedure diet. Encourage fluids	
		X-Ray: Chest X-Ray in 2 hours if patient had lung biopsy or thoracentesis*	
		Discharge: If outpatient, discharge when criteria are met or after CXR cleared by	
		Radiologist. Give copy of appropriate Discharge Instructions on discharge	
		Physician Signature:	
		Date: **Time:**	

▼ Addressograph / Patient Label ▼

BIOPSY / ASPIRATION / DRAINAGE ORDERS

Form # 18-214.77 (02/07)

Original – Chart / Canary – Copy