

Hospital Regulation: The signature of the physician must accompany all orders

NKA: No Known Allergies Allergies: _____

Instructions: Any selected order will be ordered and all orders with a blank check box WILL NOT be ordered unless selected. If there is a selected order that you DO NOT want, please strike through the order.

Paracentesis Procedure

IR Paracentesis

Reason for exam _____

Is the procedure for diagnostic or therapeutic reasons?

Is the patient on anticoagulants or blood thinners? Yes No

Activity

Bedrest for 2 hours- continuous

Labs: Pre Procedure

CBC w/o Diff once

Protime-INR once

APTT once

Lactate dehydrogenase, body fluid once

Total Protein once

Albumin once

Labs: Intra- Procedure Fluid Analysis

Albumin, Body fluid

Protein, Body fluid

Glucose, Body fluid

Body fluid cell count

Non-gynecologic cytology Body fluid

Body fluid culture

Gram stain

Triglycerides, Body fluid

Lactate dehydrogenase, body fluid

Bilirubin, Body fluid

Alkaline phosphatase, blood

AFB stain, Body fluid

AFB culture, Body fluid

Carcino Embryonic Antigen, blood

Mycobacterium tuberculosis PCR, body fluid

HCG, tumor marker

Medication

Albumin 25% bottle- 25 grams once in recovery

Date:

Time:

Doctor's Signature:

Dictation ID #



Northeast Georgia Medical Center

NGMC PHYSICIANS ORDERS #304100895(9/11/2017)

PARACENTESIS ORDERS



304100895