Physician Orders: Pre and Post Outpatient Diagnostic Imaging Procedure Fluid Hydration Order

Current Medications:
Allergies/Reactions:

Admit: SDC

Name: _____

DOB: _____

Weight in Kg. _____

Diagnosis: _____

- Vital signs every hour until discharge
- IV 0.9% normal saline at 3ml/kg/hr. for 1 hour prior and 1 ml/kg/hr. 6 hours post.
- Diagnostic Imaging test(s) pending: _____
- RESUME NORMAL DIET POST SCAN.

Discharge home when all the following criteria has been met:

- Vital signs return to baseline
- IV infusion complete
- Patient tolerates fluids by mouth

Contact Dr. _____ on pager/phone_____

For further needs.

_____ _____ _____

Physician Signature Date Time

Northwestern Medical Center
Diagnostic Imaging Department
133 Fairfield St.
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