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1 Iddi CbbO	Siu	$_{\rm pm}$



PHYSICIAN/PROVIDER SIGNATURE

PHYSICIAN ORDERS

Patient Name: John Goldman			Diagnosis:			
DOB:	4/	1/1933	Palpitations with dyspnea			
Gender: Male Age: 80 Anxiety disorder, NOS						
Race: Caucasian						
Weight: <u>76</u> kg Height: <u>178</u> cm			PMH: CAD, HTN, and CHF			
7777 D. 1 1 1 1 1 7 7774						
XX No known drug allergies - NKA						
Allergies and Sensitivities						
Date	Time	PHYSICIAN ORDER AND SIGNATURE				
XXXX	XXXX	Lasix 20mg PO daily				
XXXX	XXXX	HCTZ 25mg PO daily				
XXXX	XXXX	Xanax 0.25 mg PO bid				
XXXX	XXXX	0.9% NSS IV at 50 cc/hr				
XXXX	XXXX	Telemetry monitor				
XXXX	XXXX	EKG stat & prn dysrhythmias or chest pain				
XXXX	XXXX	2 gm. Low Sodium Diet				
XXXX	XXXX	NPO after midnight for Cardiac Cath in a.m.				
XXXX	XXXX	Electrolytes, CBC, Type & Screen 2 Units PRBC in am				
XXXX	XXXX	Activity as tolerated				
XXXX	XXXX					
XXXX	XXXX					
XXXX	XXXX					
XXXX	XXXX					
XXXX	XXXX					
XXXX	XXXX					
XXXX	XXXX					
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