Indiana University Hospital (IU)

Study Title

Confidential Information Protected by the Indiana Peer Review Act	The person initiating entry should write legibly, date the form (using Mo / Day / Yr), enter time, sign, and indicate their title.

Until signed, these are for general information and reference only. They should not be relied on as advice for a particular patient or situation or as a substitute for the independent professional judgment of the physician.

Indiana University Health

Date	Time	Orders Visit ID
		Required Documentation (Orders cannot be processed unless these fields are completed) ■ Diagnosis: ■ Height _____ cm ■ Weight _____ kg **Admit as:** ☐ **Outpatient** ☐ **Inpatient** **Call Orders** • **Participant Study ID#:**_____ **MD for this Visit:** _____
		Please page _____ upon pt arrival
		General ☒ Ex. Patient may take own home medications ☒ Ex. Diet and Activity as tolerated
		Lines / IV Care- please document where and how many attempts were made. ☒ Place 1 IVHLs or access infusion device
		Hypersensitivity / Anaphylaxis Precautions ☒ Follow CRC orders for Injectable/Intravenous Drug-Induced Allergy/Hypersensitivity Reaction
		Assessments ☒ Ex. Obtain vital signs upon arrival after resting for 10 minutes ☒ Ex. Physical exam ☒ Ex. ECG
		Treatment ☒ Infuse _____IVPB over 60 minutes **[Dispensed by IDS]** RN Verification:_____ RN Verification:_____

Practitioner Signature _____ Printed Name _____ Pager_____

Entered by: _____ Order Entry Verified _____

Sent to Pharmacy by: _____ (Tube / Fax / Copy) Date _____ Time _____

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Date	Time	Orders Visit ID
		Laboratory **To CRC Lab:** ☒ **To CTSL Lab:** ☒
		Discharge ☒ Ex. Participant may be discharged upon completion study procedures, VSS and asymptomatic
		For patient-related questions or concerns, page Dr. _____at _____. If MD does not call back within 30 minutes and has been paged twice, call _____ at _____ For study questions, page _____ at _____.

Practitioner Signature _____ Printed Name _____ Pager_____

Entered by: _____ Order Entry Verified _____

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