

PHYSICIAN'S ORDERS MIM #460

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a) (1) of the Medicare Law. When ordering tests for which Medicare reimbursement will be sought, physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes.

Date:	Time:	AM/PM	ROOM NO.
Arrive to Outpatient CTSC 16-9999 Visit #: 4			
Study Physician: Dr. Smith Pager: 216-1234			
Study Coordinator: Jane Miller, RN Pager: 216-0123			
Allergies:			
Activity: Up ad lib			
Diet: Regular Diet			
Obtain vital signs, height and weight on arrival			
Obtain urine sample and save for SC			
Pregnancy Test - per Epic Order			
ECG - per Epic Order			
Physician's Signature and ID # required		Date	
TRANSCRIBED BY:		CHECKED BY:	
		1	

PRESS FIRMLY WITH BALL POINT PEN

Date:	Time:	AM/PM	ROOM NO.
Insert PIV. Draw hospital and study labs as directed below.			
Hospital Labs: per Epic Order. Kit Labs: Per Flow Sheet			
Start NS at KVO.			
Obtain vital signs just prior to dosing.			
Administer Study Drug/Placebo: per Epic Order.			
Draw PK samples at 30 mins, 1 hour and 6 hour post end of study drug infusion.			
Obtain vital signs at end of infusion, 1 hour and 6 hours post end of infusion.			
Observe subject for 6 hours post end of infusion.			
Physician's Signature and ID # required		Date	
TRANSCRIBED BY:		CHECKED BY:	
		2	

PRESS FIRMLY WITH BALL POINT PEN

Date:	Time:	AM/PM	ROOM NO.
D/C PIV.			
Discharge subject after observation period completed if no complications.			
Physician's Signature and ID # required		Date	
TRANSCRIBED BY:		CHECKED BY:	
		3	

PRESS FIRMLY WITH BALL POINT PEN

UNC HOSPITALS
 UNIVERSITY OF NORTH CAROLINA - CTRC
 Chapel Hill, N.C.
 TABULATION RECORD / OUTPATIENT FLOW SHEET

Patient _____ Medical Record No. _____ Affix Patient Label

Date	Sample Number	Target Time	Actual Time / Initials				PROCEDURE
		On arrival		BP _____	HR _____ RR _____	Temp _____	Arrive to CTRC (IRB Protocol #16-9999), Visit #4 Obtain Vital Signs, Height and Weight Height: _____cm Weight: _____Kg
		Pre-dose					Obtain urine sample and save for study coordinator. POC pre-dose urine pregnancy test, if WOCPB per Epic order. <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> NA **If positive, notify study coordinator or physician before proceeding** Patient is clear for treatment if test is negative.
		Pre-dose					Perform ECG without interpretation.
	1	Pre-Dose					Insert PIV. Draw hospital and study labs. Save kit labs for study coordinator to process. Start NS at KVO.
		Just prior to dosing		BP _____	HR _____ RR _____	Temp _____	Obtain vital signs just prior to dosing.
		T = 0 mins (Dose)					Administer study drug (insert name)/Placebo per Epic order. Rate or Dose verification (Nurse Initials/Name): _____/_____ _____/_____
		T = 1 hr or End of infusion		BP _____	HR _____ RR _____	Temp _____	End of study drug infusion. Observe subject for 6 hours. Obtain Vital signs at the end of infusion
	2	T = 30 mins post end of infusion					At 30 minutes post end of infusion, draw PK sample (include type and number of tubes as well as to store on ice or at room temp until processing).
	3	T = 1 hr post end of infusion	PK _____ Vitals _____	BP _____	HR _____ RR _____	Temp _____	At 1 hour post end of infusion: 1. Draw PK sample 2. Obtain Vital Signs
	5	T = 6 hr post end of infusion	PK _____ Vitals _____	BP _____	HR _____ RR _____	Temp _____	End 6 hour observation period. 1. Draw PK sample 2. Obtain Vital Signs
		D/C					D/C PIV and discharge subject after all study procedures completed and if no complications. Save flow sheet and orders for study coordinator to copy.