| **Date** | **Time** | **PHYSICIAN ORDERS****Visit ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- | --- | --- |
|  |  | Required Documentation (Orders cannot be processed unless these fields are completed)* **Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Admit as:** **[ ]  Inpatient or** **[ ]  Outpatient**
 |
| * Height \_\_\_\_\_\_\_\_ cm **(no shoes)**
* Weight \_\_\_\_\_\_\_\_ kg **(no shoes, empty pockets)**
 | **Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | **Research Team for Visit*** MD to contact for THIS visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Research staff to contact for THIS visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |  | Allergies [ ]  NKA [ ]  List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | CALL ORDERS |
| * SBP < 90 mmHg or > 160 mmHg
* RR < 10 bpm or > 24 bpm
* T > 38°C
* QTc > 450 msec
 |
|  |  | General[x]  Participant may take home medications[x]  Diet and Activity as tolerated |
|  |  | **Available IV Access**[ ]  Central IV access required. [x]  Initiate IV Access Device Management Protocol-Adult |
|  |  | Assessments [x] [x]  |
|  |  | IU Health Pathology Laboratory **(Cerner or Study Req)**[x] [x]  |
|  |  | Clinical and Translational Support Laboratory[x] [x]  |
|  |  | Discharge**[x]**  May discharge after procedures complete if VSS and pt asymptomatic. |
|  |  | Team Leads |