

PHYSICIAN ORDER - ARTHROCENTESIS CS

Arthrocentesis Convenience Set

Room No. _____

ALLERGIES (list reactions):

HT _____ (Cm) WT _____ (Kg)

A ☒ Indicates a selected order. If a defaulted order is not appropriate or there is a change to an order, draw a line through the order and initial.

NURSING

- ☒ Obtain signed consent for arthrocentesis of _____
- ☒ Obtain supplies for procedure for arthrocentesis:
 - Betadine at bedside
 - Sterile gloves at bedside

LABORATORY - Other Body Sources

- ☒ Cell count with Diff Synovial Fluid
- ☒ Crystals Synovial Fluid
- ☐ Cytology Body Fluid, Synovial Fluid
- ☐ Fungus Culture with Stain, Synovial Fluid; Location: _____

LABORATORY - Serology

- ☒ Wound Culture with Gram Stain, Synovial Fluid; Location: _____
- ☐ Acid Fast Culture with Stain Acid Fast Bacilli, Synovial Fluid; Location: _____

12-hour Chart Check _____ RN DATE: ____ / ____ / ____ TIME: _____

T.O. _____ Taken by: _____ / ____ / ____, TIME: _____

CPOE Entry By: _____ / ____ / ____, TIME: _____ NOTED BY: _____ / ____ / ____, TIME: _____

☐ Sent to Pharmacy _____ (INITIALS) DATE: _____ TIME: _____

PHYSICIAN SIGNATURE: _____ DATE: _____ TIME: _____

PRINTED NAME/ID#: _____

(COUNTER-SIGN ALL T.O. ORDERS WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)

St. Joseph Health 

St. Joseph Hospital

ARTHROCENTESIS CS

10.23.12

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Patient ID

MEDITECH NAME: ARTHROCENTESIS
MEDITECH MNEMONIC: CS.ARTHC



PHYORDER