THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160 PHYSICIAN'S ORDER FORM	Do not write in this box DT0017	PATIENT LABEL

DATE & TIME	#	ORDERS CVPCU PROTECT II STUDY ORDERS (HSC # 11218)
	1.	**Complete Research Navigator in O2. Notify Research Coordinator (913- 917-5852) upon arrival and with any concerns. Research billing # is** _____.
	2.	Check **bilateral** distal pulses and puncture site q 12 hrs. Restart checks after any bleeding episode post sheath removal. **Neuro checks** q 12 hrs. Notify physician or Interventional Nurse with abnormals.
	3.	Labs: • _____ • _____ <u>PROTECT II protocol:</u> Enter orders under the research navigator. Type "RESEARCH LAB" and the research billing # (located under the research navigator) into the order comment section. ▪ CMP, CBC, ABG's, lipid profile q 24hrs □ Plasma Free HGB q 24 hrs until normal results □ CK, CK-MB, Troponin I q 8 hrs

Physician Signature: _____ Pager: _____

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