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 CODE BLUE TEAM ORDERS
		Orders to be initiated by member of Code Blue Team only.
		Allergies:_____ **Weight in kg:**_____
	1.	**Labs: STAT** ☐ ABG ☐ Hemoglobin ☐ Hematocrit ☐ CBC ☐ BMP ☐ Magnesium ☐ Phosphorus ☐ PT/INR ☐ PTT ☐ CKMB ☐ Troponin ☐ Myoglobin ☐ Other: _____
	2.	**Blood Bank:** Uncrossmatched PRBCs _____units STAT
	3.	**Radiology: STAT** ☐ Portable chest xray for cardiac arrest For_____ ☐ CT head w/o contrast For_____ ☐ CT chest For_____ ☐ CT abdomen/pelvis ☐ with IV contrast ☐ with oral contrast ☐ without contrast For_____ ☐ KUB single view (portable) For_____ ☐ C-spine series xray For_____ ☐ Other:_____ For_____
	4.	**Other Diagnostics**: ☐12 lead EKG ☐ Other: _____

Physician Signature: _____ Pager: _____

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