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PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

EMR DOWNTIME ORDER

STAT ROUTINE ASAP Date/Time Required: _____

Patient Location: _____
Unit/Bed or Clinic

Phone Number: _____ Fax Number: _____ (to receive results)

Ordering LIP: _____
Printed Name/Signature/PIC ROLE

Diagnosis: _____ Allergies: _____

Indications: _____

Transport by: Crib Incubator Stretcher Wheelchair Walking Portable/Bedside Patient's Bed

Precautions: IV IVAC Oxygen Isolation Restraints Diabetic Pregnant Traction Behavioral

Other information: _____

PHARMACY (attach copy of the written order on Form #33022 and tube to Pharmacy)

CARDIOVASCULAR	
<input type="checkbox"/> Cardiac Cath Lab	<input type="checkbox"/> Echo Lab
<input type="checkbox"/> Electrophysiology Lab	<input type="checkbox"/> EKG Lab
<input type="checkbox"/> Pediatric Cardiology	<input type="checkbox"/> Stress/Nuclear Lab
<input type="checkbox"/> Vascular Lab	

- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Prosthetics/Orthotics
- Psychological Testing
- Pulmonary Function (PFT)

CLINICAL LABORATORIES	<input type="checkbox"/> Core Lab
<input type="checkbox"/> Blood Bank	<input type="checkbox"/> Cytology
<input type="checkbox"/> Microbiology	<input type="checkbox"/> Surgical Pathology
Specimen Type: _____	
Body Site: _____	
Collection Time: _____	

RADIOLOGY	
<input type="checkbox"/> CT Scan	<input type="checkbox"/> Diagnostic
<input type="checkbox"/> Medical Resonance Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Specials/Neuro

- EEG/Evoked Potentials
- EMG
- Neurovascular LAB

- Respiratory Therapy
- Sleep Lab - See specific order for details
- Speech Language Pathology
- SLP to enter Diet Order Yes No
- Other _____

Order/Request: _____

RN Name/Signature (Verbal Order) _____ Date _____ Time _____

LIP Signature Printed Name or PIC(Not Required if Signed in Epic) _____ Date _____ Time _____

POST DOWNTIME

If any orders entered into EMR post downtime note name and role: _____

Cross through and initial orders that are entered back into EMR Date _____ Time _____

Original to Medical Records Copies to Department/Unit