| **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  Participant may take home medications  Diet and Activity as tolerated | |
|  |  | **Available IV Access**  Central IV access required.  Initiate IV Access Device Management Protocol-Adult | |
|  |  | Assessments | |
|  |  | IU Health Pathology Laboratory  **(Cerner or Study Req)** | |
|  |  | Clinical and Translational Support Laboratory | |
|  |  | Discharge  May discharge after procedures complete if VSS and pt asymptomatic. | |
|  |  | Team Leads | |