

## PRESCRIBER ORDERS – PleurX® Placement Orders

1. All orders must be completed and signed by the prescriber.
2. Orders may be deleted by stroking the order out and initialing the entry or by leaving prompts blank (boxes).

Date / Time	
	<input type="checkbox"/> Vital Signs on admission
	<input type="checkbox"/> PleurX insertion
	<input type="checkbox"/> Please send ascites fluid for: <ul style="list-style-type: none"> <li>○ Cell count and diff STAT</li> <li>○ Cultures (add 10ml of ascites fluid to both aerobic and anaerobic blood culture vials)</li> </ul>
	<input type="checkbox"/> Please drain ascites completely and give albumin 25% 100ml IV for every 3L of ascites drained
	<input type="checkbox"/> Outpatient clinic will arrange home management of the drain via home living
<b>Prescriber Signature:</b>	

Prescriber – send signed orders to Diagnostic Imaging Recovery area