

GENERIC SUBSTITUTE UNLESS CHECKED

ORDERS ARE IN EFFECT UNLESS CROSSED OUT.
Exceptions: Orders preceded by a box () require a ✓ to initiate order.
Orders with blanks indicate additional information is needed.

*Patient name: _____ *DOB: _____

*Date

*Diagnosis: N30.1 interstitial cystitis

Allergies: _____

*Time

Code status: Full code DNR Meds only Other (specify) _____

Vital signs: Per protocol Other (specify) _____

Lab draws: CBC CMP Urine w/ micros and cultures, if indicated
 Other (specify) _____

Frequency of lab test(s): One-time order Weekly Twice monthly Monthly

Frequency of treatments: _____ Total # of treatments: _____

ORDER: Payne Cocktail II

Insert urinary catheter and instill following medication for: 15 min 30 min Other:

- 50mL DMSO
- 10mL bupivaccaine
- 10,000 units of heparin
- 100mg hydrocortisone
- 5mL sodium bicarbonate

Additional order(s): _____

*Physician signature

*Date

*Time

*Denotes field that must be completed by healthcare worker

FAX order form to 503-815-7515



Physician Order

Physician Order: Payne Cocktail II
Bladder Instillation
Adventist Health Tillamook
1000 Third St., Tillamook OR 97141

{ Patient label }