

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 }