

SCOTT & WHITE

PHYSICIAN ORDERS

DIAGNOSIS:

DRUG SENSITIVITY:

Patient Identification

DAILY RENEWAL ORDERS RENEW ORDERS EVERY CALENDAR DAY

Patient has the following: (please indicate if continuation required)

___ 1. Restraints

Yes

Clinical Reason for Restraint:

to prevent interference with equipment used in patient care

danger to self or others

Other (Specify): _____

Type of Restraint:

soft

posey

side rails x 4

mittens

No restraints required

___ 2. Central Lines

Discontinue - Remove all central lines

Continue - Clinical Reason for Central Line (check one)

___ TPN or other IV fluid therapy requiring central venous access

___ Difficulty maintaining stable vascular access

___ Hemodynamic monitoring

___ Other (specify): _____

Type of Line: (check one)

___ PICC

___ Subclavian

___ IJ

___ Femoral

Other (specify): _____

___ 3. DVT Prophylaxis:

Maintain current DVT prophylaxis

Change to: Heparin 5000 Units SQ tid

Lovenox 40mg SQ daily

PCD's/Ted hose

Other (specify): _____

_____/_____/_____
Date

Time

Physician Name (Print)

Pager

Physician Signature

Rev. 4/13 ss 4/15/13

WRITE WITH BLACK BALL POINT INK ONLY USING FIRM PRESSURE.
DOCTOR WRITING ORDER IS TO RECORD DATE AND TIME WITH EACH SET OF ORDERS WRITTEN. AUTHENTICATE WITH FULL SIGNATURE AND BEEPER NUMBER.