

PHYSICIANS ORDER SHEET

* H Q H U D O 6 X U J L F D O 3 U H 2

Allergies:

Height _____ cm | Weight _____ (KG)

1. Place patient information label on sheet before placing in chart.
2. All pre printed orders must be individually checked off by the physician.
3. Nurse verifies individual order and signs name/date/time at end of set of orders.
4. The use of Generic equivalent drug may be substituted by Pharmacy.

Patient Care

Capillary Blood Sugar POC

T;N PRN Order

HCG Qualitative POC

T;N Once

Sequential Compression Device

T;N Once Bilateral lower extremities

Vital Signs

Vital Signs

T;N PRN Order

Diet

NPO

T;N

IV Solutions

Sodium Chloride 0.9%

1000 ml Soln IV Routine ml/hr T;N

Lactated Ringers

1000 ml Soln IV Routine ml/hr T;N

Medications

ceFAZolin

1 Gm Injection IV Piggyback Once Routine T;N Within 1 hour of surgical incision

2 Gm Injection IV Piggyback Once Routine T;N Within 1 hour of surgical incision

cefOXitin

1 Gm Injection IV Piggyback Once Routine T;N Within 1 hour of surgical incision

2 Gm Injection IV Piggyback Once Routine T;N Within 1 hour of surgical incision

clindamycin

600 mg Injection IV Piggyback Once Routine T;N Within 1 hour of surgical incision

900 mg Injection IV Piggyback Once Routine T;N Within 1 hour of surgical incision

levofloxacin

500 mg Injection IV Piggyback Once Routine T;N Within 2 hours of surgical incision

metroNIDAZOLE

500 mg Injection IV Piggyback Once Routine T;N Within 1 hour of surgical incision

vancomycin

1 Gm Injection IV Piggyback Once Routine T;N within 2 hours prior to surgical incision.

For patients tested + for MRSA or PCN allergic patients.

Reason for Ordering Vancomycin

alvimopan

12 mg Cap PO Once Routine T;N for bowel resection. Give in surgical day care.

Physician's Signature: _____ Date: _____ Time: _____ Page: 1/1

RN's Signature: _____ Date: _____ Time: _____