

## PHYSICIAN'S ORDERS – NICOTINE REPLACEMENT THERAPY

1. If patient is a smoker, please indicate the average packs per day. \_\_\_\_\_ Packs per day
2. Nicotine Replacement Therapy is based upon the following sliding scale:
  - 1/2 - 1 p.p.d. = Nicotine Patch 21 mg to skin apply daily.
  - 1 1/2 - 2 p.p.d. = Nicotine Patch 21 mg + 14 mg Nicotine Patch to skin apply daily.
  - greater than 2 p.p.d. = Nicotine Patch 21 mg + 21 mg Nicotine Patch to skin apply daily.
3. Nicotine Gum 2 mg po every 1 hour prn for severe nicotine cravings.
4. If nicotine gum is given, please instruct patient on the chew-park-chew-park every 1 minute method of use.
5. Notify physician if patient complains of dizziness or loose stools secondary to Nicotine Therapy Replacement.

p.p.d = Cigarette packs per day

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	<b>Write</b> Microgram	1.0	<b>Write</b> 1. Do not use zero after decimal point
qd, q.d.	<b>Write</b> Daily	Zero after decimal point	
qod	<b>Write</b> Every Other Day or Every 48 hrs	MS	<b>Write</b> Morphine
U or u	<b>Write</b> Units	MgSO <sub>4</sub> , MSO <sub>4</sub>	<b>Write</b> Magnesium sulfate or Morphine sulfate
.5	<b>Write</b> 0.5 - make sure you use preceding 0	IU	<b>Write</b> International units
No zero before decimal point		OS, OD, OU	<b>Write</b> Left or right eye or both eyes
		AS, AD, AU	<b>Write</b> Left or right ear or both ears



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PATIENT LABEL



**MR.RHORDER**