

**PHYSICIAN'S ORDERS**

**SPINE AND ORTHOPEDIC INSTITUTE SPINAL BLOCK / DISCOGRAM ORDERS**

Diagnosis: \_\_\_\_\_

Procedure: \_\_\_\_\_

Allergies: \_\_\_\_\_

Vital signs per PACU routine then per Same Day Surgery routine  
 Neurovascular checks to operative extremity every 15 minutes x 2, then every 30 minutes x 2.

May remove dressing tomorrow.

Rest today.  
 Limit the amount of heavy lifting and keep strenuous activity at a minimum.

Regular diet.  
 Increase fluid intake.

Pain medications should be taken only as needed.

Follow-up in office in 4 weeks. Call office for appointment.

Discharge home per anesthesia protocol.

Physician's 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



ST. VINCENT CHARITY  
 MEDICAL CENTER

2351 EAST 22ND STREET  
 CLEVELAND, OH 44115  
 stvincentcharity.com

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PATIENT LABEL



**MR.ORDER**

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