

PHYSICIAN'S ORDERS

T 4 0 2 0

USE BALL POINT PEN PRESS FIRMLY

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician.

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark.

Physician Signature: _____

Date	Time	Additional Orders: <i>(Dates/Times required)</i> .
ROSARY HALL INTENSIVE OUTPATIENT ADMISSION ORDERS (IOP)		
		<input checked="" type="checkbox"/> Patient to attend Intensive Outpatient for 3 hour sessions every Monday, Tuesday, Thursday, and Friday for 5 weeks.
		<input checked="" type="checkbox"/> Urine toxicology screen upon admission and PRN.
		<input checked="" type="checkbox"/> Family and individual sessions per counselor.
		<input checked="" type="checkbox"/> Therapeutic discharge for non-compliance.
		<input type="checkbox"/> Naltrexone 50mg one tablet po every Mon, Tues and Thurs.
		<input type="checkbox"/> Naltrexone 50mg 2 tablets po every Friday.
		<input type="checkbox"/> Naltrexone to be self administered in the presence of nurse or counselor.
		<input type="checkbox"/> Suboxone _____ mg sublingual daily.
		Signature _____

Date	Time	
		<input checked="" type="checkbox"/> Continue to attend 3 hour Intensive Outpatient sessions every Monday, Tuesday, Thursday, and Friday until completion of 5 week program.
		<input checked="" type="checkbox"/> Urine toxicology screen PRN.
		<input checked="" type="checkbox"/> Family and individual sessions per counselor.
		<input checked="" type="checkbox"/> Therapeutic discharge for non-compliance.
		<input type="checkbox"/> Naltrexone 50mg po one tablet every Mon, Tues and Thurs.
		<input type="checkbox"/> Naltrexone 50mg 2 tablets po every Friday.
		<input type="checkbox"/> Naltrexone to be self administered in the presence of nurse or counselor.
		<input type="checkbox"/> Suboxone _____ mg sublingual daily.
		Signature _____

Allergies & Sensitivities <input type="checkbox"/> NKA	Weight	Height
Diagnosis		

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



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PATIENT LABEL



MR.ORDER