

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.
		<input type="checkbox"/> Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		<input type="checkbox"/> Place in Outpatient Observations Services for _____ (medical reason).
		<input type="checkbox"/> Admit as Inpatient for _____ (medical reason).

Date	Time	Additional Orders: (Dates/Times required).
POST ANGIOGRAM ORDERS		
		<input type="checkbox"/> Check vital signs every 15 minutes for _____ hour(s), then every 30 minutes for _____ hour(s) or until stable. Check _____ pulses with vital signs.
		<input type="checkbox"/> Neuro assessment with vital signs.
		<input type="checkbox"/> Check ACT in _____ hours. If less than 150 pull sheath.
		<input type="checkbox"/> Keep extremity straight for _____ hours. Check _____ groin/axilla for bleeding, swelling, or any other complaint due to the angiogram. If there are any complications, contact the Radiologist @ 32592 or performing Physician.
		<input type="checkbox"/> Bed rest for _____ hours. Elevated HOB 30 degrees with side-to-side logrolling.
		<input type="checkbox"/> Clopidogrel (Plavix) _____ mg po now.
		<input type="checkbox"/> Clopidogrel (Plavix) 75 mg po daily.
		<input type="checkbox"/> Diet _____
		Encourage fluids _____
		<input type="checkbox"/> Remove bandage from groin/axilla at H.S.
		<input type="checkbox"/> May discharge in _____ hours, if no hematoma, fever, redness at puncture site or loss of pre-procedure pulses.

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
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

Physician Signature: _____ Date: _____ Time: _____



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PATIENT LABEL



MR.ORDER