

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).

Physician Signature: _____

Date	Time	Additional Orders: (Dates/Times required).
POST THORAX/ABDOMINAL BIOPSY ORDERS		
		<input type="checkbox"/> Lung Biopsy <input type="checkbox"/> Abdominal Biopsy
		<input type="checkbox"/> Vital signs every 15 min. for 1 hour; every 30 min. for 2 hours and then routine. <input type="checkbox"/> Watch for bleeding at biopsy site. <input type="checkbox"/> Complete bed rest for 4 hours HOB @ _____ degrees. <input type="checkbox"/> O2 at _____ for next 2-4 hours. <input type="checkbox"/> Remain in recumbent position for next _____ hours. <input type="checkbox"/> Watch for dyspnea, tachypnea, tachycardia, chest pain, or uncontrolled cough.
		<input type="checkbox"/> Encourage patient not to cough. If they feel sensation of cough – have them try nonforceful throat clearing.
		<input type="checkbox"/> If the patient experiences any shortness of breath, chest pain or uncontrolled coughing, alert the radiologist at extension 32592.
		<input type="checkbox"/> PA and lateral chest x-ray at _____.
		<input type="checkbox"/> If no sign of pneumothorax or hemoptysis and the patient is back to baseline, may discharge at _____.

Physician Signature: _____ Date: _____ Time: _____

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