

# 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).
<b>POST THORACENTESIS/PARACENTESIS DRAINAGE COLLECTION ORDERS</b>		
		<input type="checkbox"/> Bedrest 2-4 hours.
		<input type="checkbox"/> Vital Signs every 15 min. for 1 hour; every 30 min. for 1 hour; then hourly for 2 hours.
		<input type="checkbox"/> Assess for clots, excessive bleeding or leaking around catheter.
		<input type="checkbox"/> Watch for kinks.
		<input type="checkbox"/> Assess for dyspnea, fever, syncope, hypoxia, tachycardia or uncontrolled cough.
		<input type="checkbox"/> Keep stopcock open to drainage bag. Record drainage each shift.
		<input type="checkbox"/> Flush catheter with 10 ml. normal saline every 8 hours.
		<input type="checkbox"/> Chest Xray @ _____ .
		<input type="checkbox"/> Resume pre-procedure orders unless altered by primary service.

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

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.ORDER**