PHYSICIAN'S ORDERS

T 4020

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.
		☐ Outpatient Procedure: _____ *(procedure)* for _____ *(medical reason).*
		☐ Place in Outpatient Observations Services for _____ *(medical reason).*
		☐ Admit as Inpatient for _____ *(medical reason).*

Physician Signature: _____

Date	Time	Additional Orders: *(Dates/Times required).*
		POST MYELOGRAM ORDERS
		☐ Move patient onto and off stretcher to bed slowly.
		☐ Vital signs every 30 minutes x 2 until stable.
		☐ Position of comfort with head elevated 15 to 30 degrees for the first _____ hours. If visitors are allowed, request them to leave the patient with their head in an elevated position.
		☐ Avoid active movement in bed, especially for the first few hours.
		☐ Push oral fluids. Persistent nausea and vomiting causes dehydration. Report it and request consideration for IV fluids.
		☐ Avoid all phenothiazine medications, i.e. Compazine, Thorazine.
		☐ Bathroom privileges after _____ hours.
		☐ May be discharged at _____ , if patient has no headache, and is stable. If headache develops, alert radiologist at extension 32592.
		☐ If headache persists: Consider "extended recovery status" – admit to hospital as "extended recovery". If patient is stable and headache free, may be discharged in AM.
		☐ May resume pre-myelogram activity schedule after 24 hours.
		☐ Post myelogram CT scan of _____ spine. At _____ levels.
		☐ CSF for protein cells, glucose (already sent to lab).

Physician Signature: _____ Date: _____ Time: _____

Allergies & Sensitivities ☐ NKA	Weight	Height
	Diagnosis	

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	***Write*** Microgram	1.0 Zero after decimal point	***Write*** 1. Do not use zero after decimal point
qd, q.d.	***Write*** Daily		
qod	***Write*** Every Other Day or Every 48 hrs	MS	***Write*** Morphine
		MgSO4, MSO4	***Write*** Magnesium sulfate or Morphine sulfate
U or u	***Write*** Units	*IU*	***Write*** International units
.5 No zero before decimal point	***Write*** 0.5 - make sure you use preceding 0	*OS, OD, OU*	***Write*** Left or right eye or both eyes
		AS, AD, AU	***Write*** Left or right ear or both ears

MR.ORDER

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A Ministry of the Sisters of Charity Health System

PATIENT LABEL

SVPOD-059 (2/08)