PHYSICIAN'S ORDERS

T4020

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 FISTULOGRAM / VENOGRAM / PERMACATH INSERTION
		☐ No exertion of Fistula extremity or upper torso today
		☐ Watch for bleeding or hematoma at needle or insertion site
		☐ Check vital signs every 15 minutes for 1 hour then every 30 minutes for 2 hours
		☐ Check distal pulses with vital signs
		☐ Chest xray now for permacath insertion
		☐ Discharge when stable
		☐ May use access for dialysis as per schedule
		☐ Have Fistula sutures removed in 3-5 days
		☐ Call Radiology @ 32592 or performing Physician for any complications before discharge

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 *MgSO4, MSO4*	***Write*** Morphine ***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* *AS, AD, AU*	***Write*** Left or right eye or both eyes ***Write*** Left or right ear or both ears

ST. VINCENT CHARITY
MEDICAL CENTER
2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com
A Ministry of the Sisters of Charity Health System

PATIENT LABEL

MR.ORDERS