

PRESCRIBER ORDER SHEET - Directions

- For each day and time, start medication orders and general orders at the same horizontal level (row).
 - Do not add or change orders in any section where orders have previously been written.

Allergies (describe): <i>penicillin - rash; soents - itchiness</i>	Date Weighed: <i>10 Dec. 2018</i>
	Weight (Kg): <i>60 Kg.</i> Height: <i>5' 5"</i>

Medication orders for pediatric patients less than 50kg MUST include the dosage by weight (mg/kg/dose or mg/kg/day) OR by BSA (mg/m²/dose or mg/m²/day)

R	MEDICATION ORDERS	GENERAL ORDERS
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Directions (see examples provided on this form)

- List any allergies and describe the reaction patient experienced.
 - Enter date patient weighed, their weight and height. When patient is re-weighed, update date weighed and weight.
 - For each day and time, start medication orders and general orders at the same horizontal level (row).
 - Do not add or change orders in any section where orders have previously been written.
 - For unused sections on same row, place a diagonal line across the area.
 - When writing medication orders, comply with pharmacy policy *Medication Order Writing* (CLI.6010.PL.011)
 - Enter prescriber-required non-medication orders (e.g., consult request) in the general orders section.
- For telephone or verbal orders: when approved providers other than prescribers accept telephone or verbal orders, follow Telephone or Verbal Orders CLI.6010.PL.010 and Medication Order Writing CLI.6010.PL.011 policies.
- Enter these orders as "**v.o. Dr. xxxxx/Provider signature**".
 - Provider writing the order: sign order and include professional designation.
 - Prescriber: co-sign telephone orders at the next visit following the date and time order(s) were given.
- Transcriber: can be a nurse or approved alternate. Transcribe onto appropriate medication administration record (MAR) or other applicable forms. Nurse: verify transcribed orders. Transcriber and nurse: initial entries.

DATE: <u>10 Dec. 2018</u> TIME: <u>0930 hr.</u>	
<i>Morphine 2 to 4 mg. IV q4h PRN for chest pain</i>	<i>Cardiac monitoring</i>
<i>dimenHYDRINATE 25 to 50 mg. IV/IM/po q4h PRN for nausea and/or vomiting.</i>	<i>Foley catheter PRN for urinary retention</i>
<i>Titrate Oxygen flow to achieve and maintain SpO₂ saturation between 94% and 98%</i>	<i>Keep NPO</i>
<i>Insert 2 IV lines and run IV N/S at 125 mL/hr in one; saline lok second IV site</i>	<i>CBC, blood glucose, INR, BUN, K, Na</i>

Prescriber Signature: Dr. Physician Transcriber: _____ Nurse: _____

DATE: <u>10 Dec. 2018</u> TIME: <u>1330 hr</u>	
<i>/</i>	<i>Bedrest X 24 hrs.</i>
<i>/</i>	<i>PT and OT referral</i>
<i>/</i>	<i>SLP referral</i>
<i>/</i>	<i>Home Care referral</i>
<i>/</i>	<i>Screen for depression</i>
<i>/</i>	<i>Blood glucose monitoring qid</i>

Prescriber Signature: v.o Dr. Physician/R. Nurse RN Transcriber: _____ Nurse: _____