

PRESCRIBER ORDER SHEET

Do not add or change orders in any section (medication or general) where orders have previously been written for the documented day.			
Drug Allergies (describe):		Date Weighed:	
		Weight (Kg):	Height (cm):
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/m ² /dose or mg/m ² /day)			
Prohibited Abbreviation	Corrected Term	Prohibited Abbreviation	Corrected Term
U, IU, u or iu	unit	trailing zero (eg. 1.0 mg)	never use zero AFTER decimal
QD, qd or OD	daily	lack of leading zero (eg. .5 mg)	always use zero BEFORE decimal
QOD, qod or eod	every other day	OS, OD or OU	left eye, right eye, both eyes
drug name abbreviations	write out drug name	>or<	greater than or less than
D/C	discharge or discontinue	cc	mL or milliliter
@	at	µg	mcg or microgram
NOTE: ALL PRN orders MUST have an indication.			
R	MEDICATION ORDERS	GENERAL ORDERS	
DATE: _____	TIME: _____		
Prescriber Signature: _____		Transcribed and sent to pharmacy: _____ Nurse: _____	
DATE: _____	TIME: _____		
Prescriber Signature: _____		Transcribed and sent to pharmacy: _____ Nurse: _____	
DATE: _____	TIME: _____		
Prescriber Signature: _____		Transcribed and sent to pharmacy: _____ Nurse: _____	