

Your
Hospital's
Logo
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PHYSICIAN'S ORDER SHEET

ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET
TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.

PATIENT IDENTIFICATION	Check (✓) Each Order As Transcribed	GENERAL ORDERS		
		ANTENATAL PHYSICIANS ORDER:		
		DATE:	TIME:	(Military Time)
		Dx: 1. IUP at _____ weeks gestation		
		2.		
		Admit to:		
		Vital Signs: Per Nursing Protocol		
		Diet:		
		Activity:		
		May Shower by Chair:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Physical Therapy:		
		I.V. Fluids:		
		Intake / Output:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Weigh Daily:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		NST:		
		FHR check with Doppler 4X a day _____ or Q4° _____		
	Labs:			
	Biophysical Profile:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice	

Allergy	MEDICATIONS			
ALL MEDICATIONS:			RATIONALE:	
1.	<input type="checkbox"/> Prenatal Vitamins 1 tablet P.O. once a day	Pregnancy		
2.	<input type="checkbox"/> Colace 100mg P.O. HS	Stool Softener		
3.	<input type="checkbox"/> Betamethasone (Solutspan) 12mg IM Q 24° x 2 doses	Promote Lung Maturity		
4.	<input type="checkbox"/> Dexamethasone 6 mg IM every 12 hours x 4 doses	Promote Lung Maturity		
5.				
6.				
7.				
8.				
9.				
10.				
11.				
FAXED BY/TIME:	TIME NOTED:	NURSE'S Signature / Title:	MD's Signature:	Date:
(Military Time)	(Military Time)			Time:

PART OF THE MEDICAL RECORD