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PHYSICIAN'S ORDER SHEET

Post-Op Orders: Dr. _____

PATIENT IDENTIFICATION

ABBREVIATIONS		Check (✓) As Transcribed	ALLERGY		
DO NOT USE	USE		INDICATE RATIONALE FOR MEDICATION ORDERS		R A T I O N A L E
QD	Daily		Date:	Time:	
			[1] Admit to Recovery Room with Vital Signs per Routine.		
QOD	Every Other Day		[2] S / P Right / Left Cataract Surgery.		
			[3] Condition: Stable.		
QID	4 Times a Day		[4] Dressing: Eye Pad and Eye Shield on Left / Right Eye.		
			[5] Medications: Diamox 500 mg po in Recovery Room, if not		
U	Units		allergic to Sulfa.		
UG	Microgram		Pilocarpine Ophthalmic solution (one gtt.) to Left / Right		
			prior to Discharge.		
			Physician's Signature / Title:		Date:
			M.D.		Pager:
CC	ML		Faxed By/Time:	NURSE'S Signature / Title:	Date:
					Time:

2mg	0.2mg		Date:	Time:	
			[6] Discharge Home per Anesthesia guidelines.		
10.0mg	10mg				
MS or MSO₄	Morphine Sulfate				
MG or MgSO₄	Magnesium Sulfate				
OS	Left Eye				
OU	Both Eyes				
OD	Right Eye				
AS	Left Ear		Physician's Signature / Title:		Date:
			M.D.		Pager:
AU	Both Ears		Faxed By/Time:	NURSE'S Signature / Title:	Date:
AD	Right Ear				Time:

PART OF THE MEDICAL RECORD