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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	Check (✓) Pharmacy Orders	Allergy	
			Physicians Order	
			Date:	Time:
			PATIENT CONTROLLED ANALGESIA (PCA) ORDERS	
			MORPHINE SULFATE 1 mg / ml INJ.	
			1. Mode: <input type="checkbox"/> PCA <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> PCA & CONTINUOUS	
			COMPLETE 2 THRU 6 (below)	
			DOSING GUIDELINES	
			2. PCA Dose	= _____ ml. (mg.) 1 ml. (mg.)
			3. Delay Between Injections	= _____ minutes 10 minutes
			4. Basal (Continuous) Rate	= _____ ml. (mg.)/hr 1 ml. (mg.)
			5. One Hour Limit	= _____ ml. (mg.) 7 ml. (mg.)
			6. Initial Loading Bolus	= _____ ml. (mg.) 2-5 ml. (mg.)
	FAXED BY/TIME:	TIME NOTED:	Doctor's Signature _____, MD Date _____	
			Nurse's Signature / Title _____	

Military Time >>

PATIENT IDENTIFICATION	Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	Allergy	
			Physicians Order	
			Date:	Time:
			7. Narcan 0.4 mg. _____ 2 amps to be sent to floor.	
			8. Morphine Sulfate 50 mg. syringe.	
			9. KVO IV must be maintained for duration of PCA Therapy.	
			10. Morphine Sulfate Bolus to be given by physician only. Physician to stay with patient for 15 minutes after each bolus is given.	
			11. Monitor respiratory rate, pulse, blood pressure, pain & LCO scores every 30 minutes X 2 hours, then every 4 hours until PCA is discontinued.	
			12. Call Dr. _____ or H.O. if patient complains of unrelieved pain, is difficult to arouse, is confused, or respiratory rate drops below 12 per min, or other.	
			13. Instruct patient in proper use of PCA pump	
			14. Check drug compatibility list or call Pharmacy	
		FAXED BY/TIME:	TIME NOTED:	Doctor's Signature _____, MD Date _____
			Nurse's Signature / Title _____	

Military Time >>

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD