

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		
		DATE:	TIME: (Military Time)	
		POST DELIVERY MAGNESIUM SULFATE ORDERS		
		Type of Delivery:	<input type="checkbox"/> Vaginal <input type="checkbox"/> C / S	
		Activity:		
		Diet:		
		Alternate D5LR with LR at _____ ml / hr.		
		IVF to total _____ ml / hr.		
		Strict I / O x 24 hrs.		
		Foley cath to gravity x 24 hours		
		Vital signs per Nursing Protocol		
		Rhogam if indicated		
		Teds: <input type="checkbox"/> Knee High <input type="checkbox"/> Thigh Scuds: <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Labs: Magnesium level every 6 hours		
	<input type="checkbox"/> PIH Labs: CBC, AST, ALT, Uric Acid, UA:	<input type="checkbox"/> every 6 hrs	<input type="checkbox"/> every 12 hrs	

Allergy	MEDICATIONS			
ALL MEDICATIONS:	RATIONALE:			
ONLY 1 NARCOTIC CHECKED AT A TIME				
1. Add 20 units Pitocin to first liter of IVF.	Post Delivery Contractions			
2. <input type="checkbox"/> Ancef: 2 grams IVPB now; then 1 gram every 8 hours x 2	Antibiotic Prophylaxis			
3. <input type="checkbox"/> Other:				
4. <input type="checkbox"/> PCA <input type="checkbox"/> Continuous Epidural	Pain Management - (see attached order sheet)			
5. <input type="checkbox"/> Magnesium Sulfate in Sterile Water at: <input type="checkbox"/> 1gram/hr <input type="checkbox"/> 2grams/hr	Seizure Prophylaxis			
6. <input type="checkbox"/> Toradol: 30mg IV now and every 6 hours x 24 hours (total of 4 doses)	Pain Management			
7. <input type="checkbox"/> Dilaudid: <input type="checkbox"/> 2mg or <input type="checkbox"/> 4mg IM every 3 - 4 hrs PRN x 24 hours for pain score greater than 5	Pain Management			
8. <input type="checkbox"/> Tylox: <input type="checkbox"/> 1 tab or <input type="checkbox"/> 2 tabs po every 4 hrs PRN for pain score of 8 - 10	Severe Pain Management			
9. <input type="checkbox"/> Percodan: <input type="checkbox"/> 1 tab or <input type="checkbox"/> 2 tabs po every 4 hrs PRN for pain score of 8 - 10	Severe Pain Management			
10. <input type="checkbox"/> Tylenol #3: <input type="checkbox"/> 1 tab or <input type="checkbox"/> 2 tabs po every 3-4 hrs PRN for pain score of 4 - 7	Moderate Pain Management			
11. <input type="checkbox"/> Motrin 800mg: 1 tab po every 6 - 8 hrs PRN for pain score of 4 - 7	Moderate Pain Management			
12. <input type="checkbox"/> Motrin 600mg: 1 tab po every 6 hrs PRN for pain score of 1 - 3	Mild Pain Management			
13. <input type="checkbox"/> Prenatal Vitamins: 1 tab po daily	Nutritional Supplement			
FAXED BY/TIME: <small>(Military Time)</small>	TIME NOTED: <small>(Military Time)</small>	NURSE'S Signature / Title:	MD's Signature:	Date:
				Time:

PART OF THE MEDICAL RECORD