

# AUTOMATIC STOP ORDERS

ORAL ANTICOAGULANTS	AFTER 24 HOURS
ALBUMIN	AFTER 24 HOURS
LARGE VOLUME INTRAVENOUS	AFTER 24 HOURS
INJECTABLE ANTICOAGULANTS (SC)	AFTER 5 DAYS
CONTROLLED SUBSTANCES	AFTER 5 DAYS
CORTISONE PRODUCTS	AFTER 5 DAYS

Addressograph

MD Date of Order	Hour of Order	Nurse's Signature	<p>NURSE: PLEASE X IN COLUMN ON LINE, FOR MEDICATIONS REQUIRED FROM PHARMACY PHYSICIAN MUST ENTER DATE, HOUR, AND SIGN EACH SET OF ORDERS.</p>
			<p>Pediatrics/Neonates: Weight (Kg) _____ Gestational Age (Premature Infants Only) _____                      Postmenstrual Age (Premature Infants Only) _____</p> <p><b>ALLERGIES:</b> _____</p> <p><b>INITIAL ORDERS FOR LABOR AND DELIVERY ADMISSION</b>  <i>(Check appropriate boxes and fill in the blanks)</i></p> <p>Admit to Labor and Delivery</p> <p>Diagnosis: _____</p> <p><b>Labs:</b>  <input type="checkbox"/> CBC, Type and Screen                      Verify HIV status: re-counsel if status unknown</p> <p><b>Diet:</b>  <input type="checkbox"/> Clear Liquids      <input type="checkbox"/> NPO with ice chips  <input type="checkbox"/> IV: _____</p> <p><b>Activity:</b>  <input type="checkbox"/> Bedrest      <input type="checkbox"/> Bedrest with BRP's</p> <p>Electronic Fetal Monitoring</p> <p>Medications:</p> <p>Attending Physician Signature: _____</p>
			<p>PLEASE DO NOT RETURN CHARTS WITH NEW ORDERS TO RACK-FLAG CHART                      UNIVERSITY MEDICAL CENTER                      PHYSICIANS ORDERS AND TREATMENTS</p>