AUTOMATIC STOP ORDERS

Requires renewal every 24 hours:
- Oral Anticoagulants
- Albumin
- Large Volume IV Solutions

Requires renewal every 5 days:
- Injectable Anticoagulants (SC)
- Controlled Substances
- Cortisone Products

UNACCEPTABLE ABBREVIATIONS

DO NOT USE

SAFE PRESCRIBING

Always write the order as follows

- **1.0 MG** - Express as whole number only - **1 mg**
- **.5 MG** - Always use zero before decimal - **0.5 mg**
- **U** - Always write out the word - **"unit"**
- **MSO_4** - Always write out the word - **"morphine"**
- **$MgSO_4$** - Always write out the words - **"magnesium sulfate"**
- **IU** - Always write out the words - **"international unit"**
- **QD** - Always write out the word - **"daily"**
- **QOD** - Always write out the words - **"every other day"**

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ **MR#** _____

ALLERGIES: _____

Date of Order	Hour of Order	Nurse's Signature	PHYSICIAN MUST ENTER DATE, HOUR, AND SIGN EACH SET OF ORDERS.
			Pediatrics/Neonates: Weight (Kg) _____ Gestational Age (Premature Infants Only) _____
			Postmenstrual Age (Premature Infants Only) _____

PLEASE DO NOT RETURN CHARTS WITH NEW ORDERS TO RACK-FLAG CHART

UNIVERSITY MEDICAL CENTER

PHYSICIANS ORDERS AND TREATMENTS