ITEMS WITH BOXES/PARENTHASES **MUST BE CHECKED** TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) **must be initialed** by the ordering MD for the order to be valid.

PHYSICIAN'S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

- ☐ C-reactive protein (CRP)
- ☐ Erythrocyte Sedimentation Rate (ESR)
- ☐ Anti-DNA Double Stranded
- ☐ Anti-Glomerular Basement Membrane
- ☐ Complement, C-3
- ☐ Complement, C-4
- ☐ Complement, CH-50
- ☐ Antinuclear Antibody (ANA)
- ☐ Antineutrophil Cytoplasmic Ab (ANCA)

Provider: _____

Date: _____ Time: _____

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
- ✓ Rewrite orders upon transfer and/or post-operatively.
- ✓ Date, time, and sign verbal & telephone orders within 48 hours.

DO NOT USE:

U	MS
IU	MSO_4
Q.D.	$MgSO_4$
Q.O.D.	Trailing zero
Lack of leading zero	

PATIENT ID LABEL

Lupus Orderset

Guam Memorial Hospital Authority
Approved NM: 5/13/19 SCC: 6/5/19 MEC: 6/26/19 P&T: 5/15/19
MED: 5/20/19 HIMC: 8/23/19
Form# CPOE-072