

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS
<p><u>LABORATORY: STAT ORDERS</u></p> <p> <input type="checkbox"/> Complete Blood Count (CBC) with diff <input type="checkbox"/> Complete Blood Count (CBC) no diff <input type="checkbox"/> Chem 7 <input type="checkbox"/> Chem20 <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Lactic Acid <input type="checkbox"/> TSH <input type="checkbox"/> T4 <input type="checkbox"/> Prothrombin Time (PT) / INR <input type="checkbox"/> Partial Thromboplastin Time (APTT) <input type="checkbox"/> ABO Rh Type <input type="checkbox"/> ABG <input type="checkbox"/> Urinalysis Screen with Reflex to Culture <input type="checkbox"/> Troponins q6H x3 <input type="checkbox"/> Ionized Calcium <input type="checkbox"/> ISTAT <input type="checkbox"/> Other: _____ </p> <p><u>Cultures</u></p> <p> <input type="checkbox"/> Blood Cultures x 2 (peripheral draw) <input type="checkbox"/> Urine Culture <input type="checkbox"/> Sputum Culture </p> <p><u>IMAGING</u></p> <p> <input type="checkbox"/> STAT CXR indication: _____ <input type="checkbox"/> STAT 12Lead EKG indication: _____ </p> <p>Physician: _____</p> <p>Date: _____ Time: _____</p>	IVF and MEDICATION ORDERS ONLY	<p style="color: red; font-weight: bold; margin: 0;">ALLERGY:</p> <div style="border: 1px solid black; height: 600px; background-color: #e0e0e0; position: relative;"> <div style="position: absolute; top: 0; right: 0; bottom: 0; left: 0; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); background-size: 20px 20px;"></div> </div>
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- ✓ 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 MSO₄
 - Q.D. MgSO₄
 - Q.O.D. Trailing zero
 - Lack of leading zero

PATIENT ID LABEL