

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS
<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 8px; margin-left: 5px;">IVF and MEDICATION ORDERS ONLY</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 8px; margin-left: 5px;">IVF and MEDICATION ORDERS ONLY</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 8px; margin-left: 5px;">IVF and MEDICATION ORDERS ONLY</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 8px; margin-left: 5px;">IVF and MEDICATION ORDERS ONLY</div> </div>		<p>ALLERGY:</p> <p><input type="checkbox"/> NKDA</p> <p><u>Afterload Reduction Continued:</u></p> <p><input type="checkbox"/> Alprostadil _____ mcg/kg/min IV continuous (recommended rate: 0.03 – 0.1 mcg/kg/min) Titrate to achieve ideal SBP minimum of _____ mmHg and max of _____ mmHg. (See PALS guidelines for age-specific minimum/maximum SBP)</p> <p><u>Beta – Blockade</u></p> <p><input type="checkbox"/> Carvedilol _____ mg/dose PO BID (recommended dose: 0.05 – 0.2 mg/kg/day) Initiate with lower dose and gradually increase dose every 2-3 weeks to therapeutic range.</p> <p><u>Selective Aldosterone Antagonists:</u></p> <p><input type="checkbox"/> Spironolactone _____ mg/dose PO every _____ hours (recommended dose: 1 – 3.3 mg/kg/day in single or divided doses)</p> <p><input type="checkbox"/> For any medication selected above, defer and notify physician if SBP is below _____ mmHg (See age-specific PALS guidelines)</p> <p><input type="checkbox"/> Acetaminophen 10 mg/kg/dose every 4hrs <input type="checkbox"/>PO <input type="checkbox"/>PR PRN for fever more than 100.6 F</p> <p>Other Medication Orders:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> TORB/VORB Physician _____</p> <p>Date _____ Time _____</p> <p>Nurse Signature _____</p> <p>Physician Signature _____</p> <p>Date _____ Time _____</p>

- ✓ 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