

Medication ordering quick tips

- Oral meds
- IV pushes/vials
- Topicals
- Meds requiring no manipulation/mixing



Medication tab*

*Must leave the order type blank on order entry

- IVPBs (antibiotics)
- Large vol. IVs
- Titratable drips



RX Order Set tab

ORDER ENTRY USING RX ORDER SET

This is the preferred route to order all titratable drips, IVPBs, other IVs.

Rx order sets are orders pre-built by pharmacy to contain common concentrations, frequencies, doses, and special instructions-- monitoring parameters, titration guidelines, safety information.

RX Order Entry Plus ID: Order Entry

Home Panel | Order Manager | Allergies | Diagnosis | Med Reconciliation

Name: **ALLERGIES** **TEST, ROLAND** Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
Patient #: 1-111034534-1 Med Rec #: 2077444 Sex: M Ethnicity: GUAMANIAN Pat Ind: FULL, NOADVDIR
FC/INSI: S /

Properties

Order Option: TELEPHONE
Ord Physician: DRPACS, (43)
Co-Sign Physician:
Order Type:
Order Priority:
Active Orders

Height/Weight Clinical Info

Height (Inches)	Height (Centimeters)	Weight (Pounds)	Weight (Kilograms)	Weight (Grams)	BSA	BMI	IBW
24.49	62.2	132.28	60.0	60000	0.82	155.09	14.0

Order Panel | Service | Medication | Order Set: **Rx Order Set** | CPT | Physician Order Set | Therapeutic Class | Abbrevonym

Search Properties

Rx Order Set: ☐ Soundex

Code	Description
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Search for any IVPBs or Large volume IVs in Rx Order Set: norepinephrine, KCl drips, NS 1000ml

RX Order Entry Plus ID: Order Entry

Home Panel | Order Manager | Allergies | Diagnosis | Med Reconciliation

Name: **ALLERGIES** **TEST, ROLAND** Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
Patient #: 1-111034534-1 Med Rec #: 2077444 Sex: M Ethnicity: GUAMANIAN Pat Ind: FULL, NOADVDIR
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Properties

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Ord Physician: DRPACS, (43)
Co-Sign Physician:
Order Type:
Order Priority:
Active Orders

Height/Weight Clinical Info

Height (Inches)	Height (Centimeters)	Weight (Pounds)	Weight (Kilograms)	Weight (Grams)	BSA	BMI	IBW
24.49	62.2	132.28	60.0	60000	0.82	155.09	14.0

Order Panel | Service | Medication | Order Set: **Rx Order Set** | CPT | Physician Order Set | Therapeutic Class | Abbrevonym

Search Properties

Rx Order Set: ☐ Soundex

Code	Description
LEVOPHD	NOREPINEPHRINE 8MG/D5W250 ML
LEVOPHD16	NOREPINEPHRINE 16MG/D5W250 ML
NOREPI DP	NOREPINEPHRINE 8MG/D5W250 ML

RX OI Med->Order Entry Plus ID: Order Entry

Home Panel | Order Manager | Allergies | Diagnosis | Med Reconciliation

Name: **Allergies** **TEST, ROLAND** Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
 Patient #: 1-111034534-1 Med Rec #: 2077444 Sex: M Ethnicity: GUAMANIAN Pat Ind: FULL, NOADVDIR
 FC/INSI : S /

Properties

Order Option: TELEPHONE

Ord Physician: DRPACS, (43)

Co-Sign Physician:

Order Type:

Order Priority:

Active Orders

Height/Weight Clinical Info

Height (Inches)	Height (Centimeters)	Weight (Pounds)	Weight (Kilograms)	Weight (Grams)	BSA	BMI	IBW
24.49	62.2	132.25	60.0	60000	0.82	155.09	14.0

Order Panel | Service | Medication | Order Set | **Rx Order Set** | CPT | Physician Order Set | Therapeutic Class | Abbrevonym

Search Properties

Rx Order Set: norep Soundex: Search:

Code	Description
LEVOPHED	NOREPINEPHRINE 8MG/D5W250 ML
LEVOPHED16	NOREPINEPHRINE 16MG/D5W250 ML
NOREPI DP	NOREPINEPHRINE 8MG/D5W250 ML

Selected Items

Sort: Order Group

RX OI Med->Order Entry Plus ID: Order Entry

Home Panel | Order Manager | Allergies | Diagnosis | Med Reconciliation

Name: **Allergies** **TEST, ROLAND** Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
 Patient #: 1-111034534-1 Pat Ind: FULL, NOADVDIR
 FC/INSI : S /

Properties

Order Option: TELEPHONE

Ord Physician: DRPACS, (43)

Co-Sign Physician:

Order Type:

Order Priority:

Active Orders

Order Set

Item	Order Type	Ref#
NOREPINEPHRINE DRIP 8MG/250ML	PB	445

Selected Items

Sort: Order Group

Home Panel | Order Manager | Allergies | Diagnosis | Med Reconciliation

Name: **Allergies** **TEST, ROLAND** Patient #: 1-111034534-1 FC/INSI: S /

Order Entry Piggyback Detail

Name: **Allergies** **TEST, ROLAND** Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
 Patient #: 1-111034534-1 Med Rec #: 2077444 Sex: M Ethnicity: GUAMANIAN Pat Ind: **FULL, NOADVDIR**

Properties

Order Option: TELEPHONE
 Ord Physician:
 DRPACS: (43)
 Co-Sign Physician:

Order Type:
 Order Priority:

Active Orders

Pharmacy

- AMIKACIN SULFATE 1,000 MG/4 ML(AMIKACIN SULFATE 100 MG/100 ML) (0.9 % / 100ML IV)
- D10W 250 ML(D10W 250 ML) (10 % / 250ml IV) (04/)
- HEPARIN 2,000 units/2 ml PF(HEPARIN inj PF) (1)
- ISONIAZID 300MG TAB(ISONIAZID 300MG TAB) (30)
- METHOTREXATE 2.5MG TAB(METHOTREXATE 2.5MG TAB)

Height/Weight

Height (Inches)	Height (Centimeters)	Weight (Pounds)	Weight (Kilograms)	Weight (Grams)	BSA	BMI	BSW (lb)
24.49	62.20	132.28	60.00	60,000.00	0.82	155.1	14.0

Solutions

Add Edit Delete

Drug	Dose	Volume
D5W 250 ML	5 %	250 ml

Additives

Add Edit Delete

Drug	Dose	Volume
NOREPINEPHRINE 4MG/4ML INJ	8 MG	8 ML

Piggyback Order Properties

Infusion Rate: Minutes ☐ Hours ☐ mL/hr

Route: **INTRAVEN**

Submit Cancel

Selected Items

Sort: Order Group

Pharmacy

- NOREPINEPHRINE 4MG/4ML INJ(LEVOPHEDRINE 4MG/4ML INJ) (5 % / 250 ml IV AS NI)

Order Entry Plus

Special instructions are prebuilt to show concentration, titration guidelines, max/min doses, prompts for monitoring parameters (RASS goals).

Name: **Allergies** **TEST, ROLAND** Patient #: 1-111034534-1 FC/INSI: S /

Order Entry Piggyback Detail

Name: **Allergies** **TEST, ROLAND** Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
 Patient #: 1-111034534-1 Med Rec #: 2077444 Sex: M Ethnicity: GUAMANIAN Pat Ind: **FULL, NOADVDIR**

Properties

Order Option: TELEPHONE
 Ord Physician:
 DRPACS: (43)
 Co-Sign Physician:

Order Type:
 Order Priority:

Active Orders

Pharmacy

- AMIKACIN SULFATE 1,000 MG/4 ML(AMIKACIN SULFATE 100 MG/100 ML) (0.9 % / 100ML IV)
- D10W 250 ML(D10W 250 ML) (10 % / 250ml IV) (04/)
- HEPARIN 2,000 units/2 ml PF(HEPARIN inj PF) (1)
- ISONIAZID 300MG TAB(ISONIAZID 300MG TAB) (30)
- METHOTREXATE 2.5MG TAB(METHOTREXATE 2.5MG TAB)

Piggyback Order Properties

Infusion Rate: Minutes ☐ Hours ☐ mL/hr

Route: **INTRAVEN**

Frequency: **TITRATE TO SPECIFIED SBP AND/OR MAP Q**

PRN Indication: **TITRATE TO SPECIFIED SBP AND/OR MAP Q**

Priority: **High**

Special Instructions

**** CENTRAL LINE REQUIRED ****
 Final concentration 32mcg/mL.
 Initiate at a rate of 1mcg/min, titrate by 0.5-1mcg/min q8min.
 Max rate 30mcg/min.
 Refer to policy 6901-II-C-24 - Titration Guidelines

Duration: **30** Days ☐ Doses ☐ Hours

Start Date: **4/27/2017** **10:30**

Stop Date: **5/27/2017** **10:30**

Administer Now: ☐ Yes ☒ No

Submit Cancel

Selected Items

Sort: Order Group

Pharmacy

- NOREPINEPHRINE 4MG/4ML INJ(LEVOPHEDRINE 4MG/4ML INJ) (5 % / 250 ml IV AS NI)

Order Entry Plus

If the Medication tab is used, all pre-built information is *not* transferred

OX QIMed->Order Entry Plus ID: Order Entry

Home Panel | Order Manager | Allergies | Diagnosis | Med Reconciliation

Name: **Allergies** **TEST, ROLAND** Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
 Patient #: 1-111034534-1 Med Rec #: 2077444 Sex: M Ethnicity: GUAMANIAN Pat Ind: FULL, NOADVDIR
 FC/INSI: S /

Properties

Order Option:
 TELEPHONE:
 Ord Physician:
 DRPACS: (43)
 Co-Sign Physician:
 Order Type:
 Order Priority:
 Active Orders

Height/Weight Clinical Info

Height (Inches) 24.49 Height (Centimeters) 62.2 Weight (Pounds) 132.28 Weight (Kilograms) 60.0 Weight (Grams) 60000 BSA 0.82 BMI 155.09 IBW 14.0

Order Panel | Service | **Medication** | Order Set | Rx Order Set | CPT | Physician Order Set | Therapeutic Class | Abbrevonym

Search Properties

Formulary Only ☒ Yes ☐ No
 Medication norep Soundex Search

Description	Generic Description	NDC
NOREPINEPHRINE 4MG/4ML INJ	NOREPINEPHRINE inj	409144304.000

Selected Items

Pharmacy

- NOREPINEPHRINE 4MG/4ML INJ(LEVOPHE)
- D5W 250 ML(D5W) (5 % / 250 ml IV AS NE)

Order Entry Plus

OX QIMed->Order Entry Plus ID: Order Entry

Name: **Allergies** **TEST, ROLAND** Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
 Patient #: 1-111034534-1 Med Rec #: 2077444 Sex: M Ethnicity: GUAMANIAN Pat Ind: FULL, NOADVDIR
 FC/INSI: S /

Properties

Order Option:
 TELEPHONE:
 Ord Physician:
 DRPACS: (43)
 Co-Sign Physician:
 Order Type:
 Order Priority:
 Active Orders

Order Entry Piggyback Detail

Name: **Allergies** **TEST, ROLAND** Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
 Patient #: 1-111034534-1 Med Rec #: 2077444 Sex: M Ethnicity: GUAMANIAN Pat Ind: FULL, NOADVDIR
 FC/INSI: S /

Piggyback Order Properties

Infusion Rate Minutes ☐ Hours ☐ mL/hr
 Route **INTRAVEN**
 Frequency
 PRN Indication
 Priority **Routine**
 Special Instructions
 Duration **30** Days ☐ Doses ☐ Hours
 Start Date **4/27/2017** **10:30**
 Stop Date **5/27/2017** **10:30**
 Administer Now

Selected Items

Pharmacy

- NOREPINEPHRINE 4MG/4ML INJ(LEVOPHE)
- D5W 250 ML(D5W) (5 % / 250 ml IV AS NE)
- NOREPINEPHRINE 4MG/4ML INJ(LEVOPHE)
- D5W 250 ML(D5W) (5 % / 250 ml IV)

Submit Cancel

Missing concentration, monitoring parameters, special instructions

Rx Order Set allows quicker ordering with preset frequencies and solutions

Admit Date: 04/25/2016 11:19 Type: O-ARAD

Order Set

<input type="checkbox"/> Item	Order Type	Ref#
<input type="checkbox"/> VANCOMYCIN 1GM/NS 250ML IVPB (Q24H)	PB	1489
<input type="checkbox"/> VANCOMYCIN 1GM/NS 250ML IVPB (Q12H)	PB	1490
<input type="checkbox"/> VANCOMYCIN 1GM/NS 250ML IVPB (Q8H)	PB	1491
<input type="checkbox"/> VANCOMYCIN 1GM/D5W 250ML IVPB (Q24H)	PB	1492
<input type="checkbox"/> VANCOMYCIN 1GM/D5W 250ML IVPB (Q12H)	PB	1493
<input type="checkbox"/> VANCOMYCIN 1GM/D5W 250ML IVPB (Q8H)	PB	1494
<input type="checkbox"/> Vancomycin 1g IVPB x1 for hemo	PB	4216

Submit Cancel

ORDER ENTRY USING MEDICATION TAB

Preferred way to order oral meds, topicals, and IV meds without any manipulation, ie direct push IV Lasix.
You must:

1. LEAVE THE ORDER TYPE BLANK
2. SEARCH SPECIFIC MEDICATION NAME

WebMail ICD10 Web Listing ED Clinical Quick Registration Nutrition Care Manual

RX OimEd->Order Entry Plus

Home Panel Order Manager Allergies Diagnosis Med Reconciliation

Name: **Allergies** **TEST, ROLAND** Admit Date: 04/25/2016 11:19
Patient #: 1-111034534-1 Med Rec #: 2077444
FC/INSI : S /

Properties **Height/Weight** **Clinical Info**

Order Option: TELEPHONE
Ord Physician: DRPACS, (43)
Co-Sign Physician:

Order Type: **please leave this blank when ordering medications**
Order Priority:

Active Orders

Pharmacy

- AMIKACIN SULFATE 1,000 MG/4 ML(AMIKACIN SULFATE 1000 MG/4 ML)
- NORMAL SALINE 100 ML(NS) (0.9 % / 100ML IV 500 ML)
- D10W 250 ML(D10W 250 ML) (10 % / 250ml IV) (04/18/2016)
- HEPARIN 2,000 units/2 ml PF(HEPARIN inj PF) (12/18/2015)
- ISONIAZID 300MG TAB(ISONIAZID 300MG TAB) (300 MG / 30 TAB)
- METHOTREXATE 2.5MG TAB(METHOTREXATE 2.5MG TAB) (2.5 MG / 30 TAB)

Height (Inches) 24.49 Height (Centimeters) 62.2 Weight (Pounds) 132.28

Order Panel Service Medication Order Set Rx Ord

Order Panel

This allows for preset pharmacy settings to choose appropriate order type (IVPB, oral med) solution, infusion rate, and label.

RX OimEd->Order Entry Plus

Home Panel Order Manager Allergies Diagnosis Med Reconciliation

Name: **Allergies** **TEST, PATIENT II** Admit Date: 07/19/2016 03:27 Type: I-PCU Loc: PCU-362B DOB: 05/28/1966
Patient #: 1-300000008-1 Med Rec #: 2103947 Sex: M Ethnicity: Pat Ind: AKA, DNR, WILL, NOADVDIR, GBS Neg, ESRD, LAVF, RAVG
FC/INSI : S /

Properties **Height/Weight** **Clinical Info** **Selected Items**

Order Option: TELEPHONE
Ord Physician: DRPACS, THE (43)
Co-Sign Physician:

Order Type:
Order Priority:

Active Orders

Pharmacy

- hyDROXYzine HCL 10MG/5 ML DOSE(ATARAX) (8 MG / 10 ML)
- hyDROXYzine HCL 10MG/5ML 480ML(ATARAX) (8 MG / 10 ML)
- hyDROXYzine HCL 10MG/5ML 480ML(ATARAX) (10 MG / 10 ML)
- hyDROXYzine HCL 10MG/5ML 480ML(ATARAX) (8 MG / 10 ML)
- hyDROXYzine HCL 10MG/5ML 480ML(ATARAX) (10 MG / 10 ML)
- hyDROXYzine HCL 10MG/5ML 480ML(ATARAX) (10 MG / 10 ML)
- Aroastoban 250 Mo/2.5 Ml Vial(Aroastoban) (250 mg / 2 ML)

Height (Inches) 77.00 Height (Centimeters) 195.6 Weight (Pounds) 145.00 Weight (Kilograms) 65.8 Weight (Grams) 65771 BSA 1.95 BMI 17.19 IBW 195

Order Panel Service **Medication** Order Set Rx Order Set CPT Physician Order Set Therapeutic Class Abbrevonym

Search Properties

Formulary Only ☒ Yes ☐ No
Medication van ☐ Soundex Search

Description	Generic Description	NDC
VANCOMYCIN 1 GRAM INJECTION	VANCOMYCIN inj	409653501.000
VANCOMYCIN 500 MG INJECTION	VANCOMYCIN inj	74433201.000
VANCOMYCIN 500MG/100ML IV SYR	VANCOMYCIN 500MG/100ML IV SYR	74433201.001

Order Entry Plus

EDITING AN ORDER DURING ORDER ENTRY

Additives or solutions may be edited or added

Home Panel | Order Manager | Allergies | Diagnosis | Med Reconciliation

Name: **Allergies** **TEST, ROLAND** Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
 Patient #: 1-111034534-1 Med Rec #: 2077444 Sex: M Ethnicity: GUAMANIAN Pat Ind: FULL, NOADV
 FC/INSI: S /

Properties

Order Option: TELEPHONE
 Ord Physician: DRPACS, (43)
 Co-Sign Physician:
 Order Type:
 Order Priority:

Active Orders

- Pharmacy
 - AMIKACIN SULFATE 1,000 MG/4 ML(AMIKACIN SULF)
 - NORMAL SALINE 100 ML(NS) (0.9 % / 100ML IV)
 - D10W 250 ML(D10W 250 ML) (10 % / 250ml IV) (04/11)
 - HEPARIN 2,000 units/2 ml PF(HEPARIN inj PF) (12)
 - ISONIAZID 300MG TAB(ISONIAZID 300MG TAB) (30)
- Laboratory

Order Entry Piggyback Detail

Name: **Allergies** **TEST, ROLAND** Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
 Patient #: 1-111034534-1 Med Rec #: 2077444 Sex: M Ethnicity: GUAMANIAN Pat Ind: FULL, NOADV
 FC/INSI: S /

Test	Result	Normal Range	Unit
Vancocmycin Trough	No Result Available		

Solutions

Add Edit Delete

Drug	Dose	Volume
NORMAL SALINE 250 ML	0.9 %	250 ml

Additives

Add Edit Delete

Drug	Dose	Volume
VANCOMYCIN 1 GRAM INJECTION	1 GM	

Piggyback Order Properties

Infusion Rate: 2 ☐ Minutes ☒ Hours ☐ mL/hr
 Route: INTRAVEN
 Frequency: 1

Submit Cancel

Selected Items

Pharmacy

- NOREP
- D5W
- VANCO
- NOR

RX OilMed->Order Entry Plus

Home Panel | Order Manager | Allergies | Diagnosis | Med Reconciliation

Name: **Allergies** **TEST, ROLAND** Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
 Patient #: 1-111034534-1 Med Rec #: 2077444 Sex: M Ethnicity: GUAMANIAN Pat Ind: FULL, NOADV
 FC/INSI: S /

Properties

Order Option: TELEPHONE
 Ord Physician: DRPACS, (43)
 Co-Sign Physician:
 Order Type:
 Order Priority:

Active Orders

- Pharmacy
 - AMIKACIN SULFATE 1,000 MG/4 ML(AMIKACIN SULF)
 - NORMAL SALINE 100 ML(NS) (0.9 % / 100ML IV)
 - D10W 250 ML(D10W 250 ML) (10 % / 250ml IV) (04/11)
 - HEPARIN 2,000 units/2 ml PF(HEPARIN inj PF) (12)
 - ISONIAZID 300MG TAB(ISONIAZID 300MG TAB) (30)
 - METHOTREXATE 2.5MG TAB(METHOTREXATE 2.5MG TAB) (30)

Height/Weight Clinical Info

Height (Inches)	Height (Centimeters)	Weight (Pounds)	Weight (Kilograms)	Weight (Grams)	BSA	BMI	IBW
24.49	62.2	132.28	60.0	60000	0.82	155.09	14.0

Order Panel | Service | Medication | Order Set | **Rx Order Set** | CPT | Physician Order Set | Therapeutic Class | Abbrevonym

Search Properties

Rx Order Set: potass x ☐ Soundex Search

Code	Description
KCL	POTASSIUM CL DRIPS

Order Entry Plus

Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: Pat Ind:

Order Set

<input type="checkbox"/> Item	Order Type	Ref#
<input type="checkbox"/> Potassium chloride 20mEq in 250ml NS IV	PB	1730
<input type="checkbox"/> Potassium chloride 40mEq in 500ml NS IV	PB	1729
<input type="checkbox"/> Potassium 80mEq in 1000ml NS IV	PB	1731

Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: Pat Ind:

Order Set

<input type="checkbox"/> Item	Order Type	Ref#
<input type="checkbox"/> Potassium chloride 20mEq in 250ml NS IV	PB	1730
<input type="checkbox"/> Potassium chloride 40mEq in 500ml NS IV	PB	1729
<input checked="" type="checkbox"/> Potassium 80mEq in 1000ml NS IV	PB	1731

Submit Cancel

1

Order Entry Plus

Highlight additive and select edit to change

Order Entry Piggyback Detail

Name: **Allergies** **TEST, ROLAND** Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
Patient #: 1-111034534-1 Med Rec #: 2077444 Sex: M Ethnicity: GUAMANIAN Pat Ind: FULL, NOADVDIR
FC/INSI : S /

Add Edit Delete

Drug	Dose	Volume
NORMAL SALINE 1000 ML		1000 ML

Additives

Add Edit Delete

Drug	Dose	Volume
POT CHLORIDE 40MEQ/20ML INJ	80 MEQ	40 ML

Piggyback Order Properties

Infusion Rate: 8 ☐ Minutes ☒ Hours ☐ mL/hr
Route: INTRAVEN
Frequency:
PRN Indication:
Priority: Routine

Submit Cancel

Order Entry Plus

Order Entry Piggyback Detail

Name: **Allergies** **TEST, ROLAND** Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
Patient #: 1-111034534-1 Med Rec #: 2077444 Sex: M Ethnicity: GUAMANIAN Pat Ind: FULL, NOADVDIR
FC/INSI : S /

Add Edit Delete

Drug	Dose	Volume
NORMAL SALINE 1000 ML		

Additives

Add Edit Delete

Drug	Dose	Volume
POT CHLORIDE 40MEQ/20ML INJ	80 MEQ	40 ML

Piggyback Order Properties

Infusion Rate:
Route:
Frequency:
PRN Indication:
Priority: Routine

Submit Cancel

Order Entry Plus

Edit Additive

Drug: POT CHLORIDE 40MEQ/20ML INJ (POTASSIUM CL 40MEQ IN
Dose: 80 MEQ
Volume: 40 ML

Submit Cancel

potassium chloride
80mEq may be changed

Order Entry Piggyback Detail

Name: Allergies TEST, ROLAND Admit Date: 04/25/2016 11:19 Type: O-ARAD DOB: 05/04/2006
Patient #: 1-111034534-1 Med Rec #: 2077444 Sex: M Ethnicity: GUAMANIAN Pat Ind: FULL, NOADVDIR

Drug: NORMAL SALINE 1000 ML

Additives

Drug: POT CHLORIDE 40MEQ/20ML INJ (POTASSIUM CL 40MEQ IN

Dose: 40 MEQ

Volume: 20 ML

Submit Cancel

Enter new dose= potassium chloride 40mEq.

Submit Cancel

Order Entry Plus