



UNSAFE ABBREVIATIONS - please use bolded items

- 1. **Daily** not 'qd'
- 2. **micrograms** not 'µg'
- 3. **Vidarabine** not ARA-A
- 4. **Units** not 'u'
- 5. **Morphine** not 'MSO4' or 'MS'
- 6. **International Units** not 'IU'
- 7. **Methotrexate** not 'MTX'
- 8. **Every other day** not 'Q.O.D.'
- 9. **Magnesium Sulfate** not 'MgSO4'
- 10. No trailing zeros (1 mg not 1.0 mg)
- 11. Always use leading zeros (0.1 mg not .1 mg)

✓ = Do Not Substitute

✓	DATE	TIME	INSTRUCTIONS: Please write plainly, use ballpoint pen, and press firmly. Include Physician Name and Signature. Check appropriate boxes and fill in blanks.
			Place on 8800, service of Dr. _____
			<input type="checkbox"/> Inpatient admission <input type="checkbox"/> Outpatient observation
			Diagnosis: <input type="checkbox"/> Asthma exacerbation with status asthmaticus <input type="checkbox"/> Other _____
			Condition: _____
			Allergies: _____
			Growth: Wt: _____ kg Ht: _____ cm Surface Area: _____ m ²
			Diet: <input type="checkbox"/> Regular for age <input type="checkbox"/> Other _____
			Vital Signs: <input type="checkbox"/> Every 4 hours <input type="checkbox"/> Spot check S _a O ₂ <input type="checkbox"/> Continuous Pulse Oximeter <input type="checkbox"/> Call House Pediatrician if S _a O ₂ less than 93%
			Supplemental Oxygen: <input type="checkbox"/> None <input type="checkbox"/> Supplemental oxygen if necessary to keep S _a O ₂ greater than 92%
			Bronchodilators: <input type="checkbox"/> Albuterol _____ mg nebulized every _____ hours (2.5 mg = 0.5 ml) <input type="checkbox"/> Ipratropium (Atrovent) _____ mg nebulized every _____ hours
			Steroids: <input type="checkbox"/> Orapred _____ mg po every day <input type="checkbox"/> Prednisone _____ mg po every day <input type="checkbox"/> Solu Medrol _____ mg IV then _____ mg IV every six hours
			Other Medications: <input type="checkbox"/> Tylenol (15 mg/kg) = _____ mg every 4 hours PRN for Temp greater than 38°C or pain or irritability <input type="checkbox"/> Infant Drops - PO <input type="checkbox"/> Suspension - PO <input type="checkbox"/> Tablets - PO <input type="checkbox"/> Suppository - PR
			<input type="checkbox"/> CXR PA & LAT
			LABS: <input type="checkbox"/> NP swab for influenza <input type="checkbox"/> Nasal specimen for RSV... <input type="checkbox"/> if negative, send for viral DFA and culture
			Isolation: <input type="checkbox"/> Contact Precautions <input type="checkbox"/> Droplet Precautions
			Physician Signature:

PHYSICIAN ORDERS

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