



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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