



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"/> RSV <input type="checkbox"/> Bronchiolitis <input type="checkbox"/> Other _____
			Condition: _____
			Allergies: _____
			Growth: Wt: _____ kg Ht: _____ cm Surface Area: _____ m ²
			Diet: <input type="checkbox"/> Nurse ad lib <input type="checkbox"/> Formula (mother's preference) ad lib <input type="checkbox"/> Regular for age <input type="checkbox"/> Other _____
			Vital Signs: <input type="checkbox"/> Every 4 hours <input type="checkbox"/> Daily Weights <input type="checkbox"/> Cardiorespiratory monitor <input type="checkbox"/> Strict I&O's <input type="checkbox"/> Check S _a O ₂ with vital signs <input type="checkbox"/> Continuous pulse oximetry <input type="checkbox"/> Call House Pediatrician for S _a O ₂ < 93 %
			IV Fluids: <input type="checkbox"/> D ₅ ¼NS with 20 mEq KCl/liter _____ ml/hr = _____ ml/kg/day <input type="checkbox"/> D ₅ ½NS with 20 mEq KCl/liter _____ ml/hr = _____ ml/kg/day <input type="checkbox"/> Saline lock IV. Flush with saline 2-3 ml q 4-6 hours PRN to keep line open. <input type="checkbox"/> Other: _____
			Respiratory: <input type="checkbox"/> Supplemental oxygen if necessary to keep S _a O ₂ greater than 92% <input type="checkbox"/> Albuterol _____ mg nebulized every _____ hrs (2.5 mg = 0.5 cc) <input type="checkbox"/> Bulb suction to nares prn congestion <input type="checkbox"/> Saline nose drops: 2 drops in each naris every 2 hrs prn congestion with bulb suction
			Medications: <input type="checkbox"/> Tylenol (15mg/kg) _____ mg every 4 hours PRN temperature > 38°C or irritability <input type="checkbox"/> Infant Drops - PO <input type="checkbox"/> Suspension - PO <input type="checkbox"/> Suppository - PR <input type="checkbox"/> Desitin to diaper area prn rash <input type="checkbox"/> May have 2 ml Sweet Ease PO prior to painful procedures. <input type="checkbox"/> May use LMX or Pain Ease to skin prior to needlesticks.
			Labs/Radiology: <input type="checkbox"/> CBC with <input type="checkbox"/> manual diff <input type="checkbox"/> automated diff <input type="checkbox"/> BMP <input type="checkbox"/> Blood culture <input type="checkbox"/> CXR PA & LAT <input type="checkbox"/> NP viral culture <input type="checkbox"/> NP swab for influenza <input type="checkbox"/> Nasal specimen for RSV <input type="checkbox"/> if negative, send for viral culture <input type="checkbox"/> NP swab for Pertussis PCR <input type="checkbox"/> Other: _____
			Isolation: <input type="checkbox"/> Contact Precautions <input type="checkbox"/> Droplet Precautions
			Physician Signature:

PHYSICIAN ORDERS
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