



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"/> Febrile Infant <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 <input type="checkbox"/> Every 4 hours <input type="checkbox"/> Daily Weights <input type="checkbox"/> Cardiorespiratory monitor Signs: <input type="checkbox"/> Strict I&O's <input type="checkbox"/> Check S _a O ₂ with vital signs <input type="checkbox"/> Continuous pulse oximetry
			IV Fluids: <input type="checkbox"/> NS _____ ml over 1 hour <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: _____
			Medications: <input type="checkbox"/> Cefotaxime (50mg/kg) _____ mg IV every _____ hours <input type="checkbox"/> Ampicillin (50mg/kg) _____ mg IV every _____ hours (if 7 days or more) <input type="checkbox"/> Ceftriaxone (50mg/kg) _____ mg IV every _____ hours <input type="checkbox"/> Acyclovir (20mg/kg) _____ mg IV every 8 hours (See Nursing Protocol) <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. <input type="checkbox"/> Use 2% lidocaine gel for urine catheter as per protocol. <input type="checkbox"/> Other: _____
			Labs/Radiology: <input type="checkbox"/> CBC with <input type="checkbox"/> manual diff <input type="checkbox"/> automated diff <input type="checkbox"/> CSF Tube#: <input type="checkbox"/> Blood Culture _____ <input type="checkbox"/> culture & gram stain <input type="checkbox"/> Basic metabolic panel (Chem 7) _____ <input type="checkbox"/> cell count & diff <input type="checkbox"/> U/A with micro <input type="checkbox"/> Bag <input type="checkbox"/> Cath _____ <input type="checkbox"/> protein & glucose <input type="checkbox"/> Urine culture <input type="checkbox"/> Bag <input type="checkbox"/> Cath _____ <input type="checkbox"/> Herpes PCR <input type="checkbox"/> CXR PA & LAT _____ <input type="checkbox"/> Enterovirus PCR <input type="checkbox"/> NP viral culture <input type="checkbox"/> NP swab for influenza _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> NP & Rectal swab for herpes <input type="checkbox"/> Other: _____
			Isolation: <input type="checkbox"/> Contact Precautions <input type="checkbox"/> Droplet Precautions
			Physician Signature: _____

PHYSICIAN ORDERS

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