



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: _____ |
| | | | Condition: <input type="checkbox"/> Fair <input type="checkbox"/> Other: _____ |
| | | | Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> Other: _____ |
| | | | Growth: Wt: _____ kg Ht: _____ cm Surface Area: _____ m ² |
| | | | Vital Signs: <input type="checkbox"/> Every 4 hours <input type="checkbox"/> Daily weights <input type="checkbox"/> Strict I/O's |
| | | | <input type="checkbox"/> Other: _____ |
| | | | Diet: <input type="checkbox"/> Regular for age <input type="checkbox"/> Nurse ad lib <input type="checkbox"/> Formula (mother's preference) ad lib |
| | | | <input type="checkbox"/> Other: _____ |
| | | | 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: _____ |
| | | | 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. |
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| | | | Physician Signature: _____ |

PHYSICIAN ORDERS