* P O G 1 0 0 1 *

✓ = **Do Not Substitute**

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)

✓	DATE	TIME	INSTRUCTIONS: Please write plainly, use ballpoint pen, and press firmly. Include Physician Name and Signature. Check appropriate boxes and fill in blanks.
			Physician Signature:

PHYSICIAN ORDERS

St. Luke's Hospital
232 S. Woods Mill Road Chesterfield, MO 63017