Your Hospital's Logo Here

PHYSICIAN'S ORDER SHEET

ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET
TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.

	Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	DATE:	TIME:	(Military Time)	Allergy:	
PATIENT IDENTIFICATION	_		Admit Patient to	Telemetry	Teaching	g / Non-Teach	ing (Circle one)
			Clinical Pathway	y: Acute Coronary	Syndrome (ACS) YES or	NO (Circle one)
			Admitting Dx:				
			Attending Physi	ician:			
			Diet:	Flu	uid Restriction: _		
			Activities: Bed Rest with Bathroom privileges				
			Vital Signs: Q 4 hours				
			Herapin Lock with saline flushes q 12 hours Intake and Output				
			O ₂ 2 Liters N.C.				
			Daily Weights				
			Daily EKG in AM	1 x 3			
			Radiology: ACS	6 Orders and / or			
			Labs: ACS Orde	ers and / or			
			Meds: ACS Ord	ers and / or			
			Stat EKG NTG 1/150g If pain unre	Officer -or- Atten	3 PRN chest pair		
			Lidocaine 1	in: Officer -or- Atten Img/kg IV push nfusion (2 Grams/2		mg/min	
				in: Officer -or- Atten 5-1.0 mg IV push	ding Physician		
			Tylenol 2 tabs P	P.O. Q 4-6 hours PF	RN mild headach	e	
			Colace 100 mg l	P.O. Q H.S.			
			Enteric Coated	ASA 325 mg - 1 tab	P.O. daily		
			Heparin 5000 un	nits S.Q. Q 12 hour	S		
FAXED BY/TIME:	TIME NOTED	:	Doctor's Signature	e		,MD	Date
			Nurse's Signature	ı / Titlo			

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD

Military Time > >