PHYSICIAN ORDERS

Use Ball Point Pen

HEALTHCARE ***Print Firmly for Carbon***

1. **Required information, designated by bold type, must be provided before medication can be dispensed or administered.**
2. Print generic medication name, dose, interval, route, indication.
3. Print date and time, name, sign order and include pager number.
4. **Pediatric orders require dose / weight / day or dose (mg / kg / day or dose).**
5. Automatic therapeutic interchange for specific medications, approved by the P&T committee, is permitted for all applicable medication orders unless the order contains special instructions stating "Do Not Interchange".

PATIENT ID/LABEL

PRINT PATIENT NAME: _____

HEIGHT (inches): _____ WEIGHT (kg): _____ Initial to indicate if: _____ New Admission or _____ Transfer

Allergies: _____

DO NOT USE FORM UNLESS RED NUMBER APPEARS IN WINDOW

EXTEND ARROW AND SIGN AT END OF LAST ORDER WRITTEN

MEDICATION OR IV FLUID	DOSE / VOL	ROUTE	FREQ	INDICATIONS / SPECIAL INSTRUCTIONS

NON-MEDICATION ORDERS: Include Justifying Signs / Symptoms

DATE	TIME	PRINT NAME	MD SIGNATURE	BEEPER / CONTACT #	☐ READ BACK IF PHONE ORDER
TIME SENT TO PHA - INITIAL		DATE / TIME ORDER RECORDED	US SIGNATURE	NURSE SIGNATURE - DATE / TIME	

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