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# 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.**

P A T I E N T I D E N T I F I C A T I O N	Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	<b>UNCONTROLLED DIABETES - CLINICAL PATHWAY: DAY 1</b>
			DATE: _____ TIME: _____ ( Military Time )
			DIAGNOSIS: UNCONTROLLED DIABETES
			ALLERGIES
			ACTIVITY: OOB as tolerated
			VS q 4 hours x 24 hours
			ADMISSION WEIGHT
			ADA Diet _____ calories
			LABS - IF NOT DONE IN ER:
			1. CBC with Diff
			2. BMP
			3. HgbA1C
			4. UA
			5. Lipid Profile
			Additional labs / tests:
			Accucheck AC & HS
			Intake and Output
			CONSULTS: 1. Dietary
			2. Diabetes Educator (Initiate Diabetes teaching)
	FAXED BY/TIME:	TIME NOTED:	Doctor's Signature _____, MD Date _____
			Nurse's Signature / Title _____

Military Time >>

USE BALL POINT PEN ONLY - PRESS FIRMLY

**PART OF THE MEDICAL RECORD**

