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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.

Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	GASTRIC BYPASS POST OP - CLINICAL PATHWAY: DAY 2		
		DAY 2	PAGE 1 of 1	
		Allergy		
		DATE:	TIME: (Military Time)	
		DIET	<input type="checkbox"/> If no leaks on Upper GI exam, advance to clear bariatric diet with no concentrated sweets. Mix liquids 50/50 with water: encourage patient to drink slowly, 1-2 ounces every 5 minutes [1] Patient may use a one ounce medicine cup only and should sip slowly [2] Patient may not drink fluids through a straw	
			<input type="checkbox"/> If tolerated, advance to full protein diet. Increase water intake. There is no limit to quantity of ingestion as long as patient feels comfortable [1] Patient may use a one ounce medicine cup only and should sip slowly [2] Patient may not drink fluids through a straw	
			DISCHARGE	<input type="checkbox"/> Review Discharge Instructions with patient
				<input type="checkbox"/> Evaluate patient's medication to avoid potential for obstruction; intervene as needed
PATIENT IDENTIFICATION		NOTES:		
	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