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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.***

PATIENT IDENTIFICATION	Check (✓) Each Order As Transcribed	GENERAL ORDERS	
		DATE:	TIME: (Military Time)
		PHYSICIAN'S ORDER: LDR ORDERS	
		Admit to Labor & Delivery	
		Dx: 1. IUP at _____ weeks gestation.	
		2.	
		Activity:	
		External Fetal Monitor:	
		CBC, STS, UA, Type & Screen:	
		NPO, except for ice chips.	
		IV: Alternate D5LR and LR @ _____ ml / hr.	
		Neonatology Consult at Delivery? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		PreE Labs: <input type="checkbox"/> CBC, ALT, AST, UA, UrAcid, LDH	
		<input type="checkbox"/> Fibrinogen, D-dimer	

Allergy		MEDICATIONS	
ALL MEDICATIONS:		RATIONALE:	
1.	<input type="checkbox"/> Ampicillin - 2 gm IV now; then 1gm IV q 4 hrs	GBS prophylaxis	
2.	<input type="checkbox"/> Penicillin - 5 million units IV now; then 2.5 million units IV q 4 hrs	GBS prophylaxis	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
FAXED BY/TIME: (Military Time)	TIME NOTED: (Military Time)	NURSE'S Signature / Title:	MD's Signature:
			Date:
			Time:

PART OF THE MEDICAL RECORD