

# 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	<b>GENERAL ORDERS</b>	
		<b>DATE:</b>	<b>TIME:</b> ( Military Time )
		<b>S/P C-SECTION Physicians Orders</b>	
		Condition:	
		Vital Signs: per Nursing Protocol	
		Diet: NPO x 12 hours; then clear liquids with positive bowel sounds.	
		Regular diet after passing flatus.	
		Activity: Bedrest; out of bed to chair in 12 hours.	
		IVF: Alternate D5LR with LR 1000 ml at _____ ml / hr.	
		add _____ units of Pitocin to first liter.	
		Record Intake and Output for 24 hours.	
		Foley Cath to gravity: May be removed in 12 hours.	
		Rhogam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Teds: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Knee High <input type="checkbox"/> Thigh	
		Scuds: <input type="checkbox"/> Yes <input type="checkbox"/> No Remove after _____ hours	
	Labs: CBC in AM.		
	Chest X-Ray PA & Lat: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Allergy	MEDICATIONS	
ALL MEDICATIONS:	RATIONALE:	
<b>ONLY 1 NARCOTIC CHECKED AT A TIME</b>		
1. <input type="checkbox"/> Ancef: 2 grams IVPB now; then 1 gram every 8 hours x 2	Antibiotic Prophylaxis	
2. <input type="checkbox"/> Other:		
3. <input type="checkbox"/> PCA <input type="checkbox"/> Continuous Epidural	Pain Management - ( see attached order sheet )	
4. <input type="checkbox"/> Toradol: 30mg IVP now and every 6 hours x 24 hours (total of 4 doses)	Pain Management	
5. <input type="checkbox"/> Dilaudid: <input type="checkbox"/> 2mg or <input type="checkbox"/> 4mg IM every 3 - 4 hrs PRN x 24 hours for pain score greater than 5	Pain Management	
<b>Once p.o. Tolerated</b>		
6. <input type="checkbox"/> Tylox: <input type="checkbox"/> 1 tab or <input type="checkbox"/> 2 tabs po every 4 hrs PRN for pain score of 8 - 10	Severe Pain Management	
7. <input type="checkbox"/> Percodan: <input type="checkbox"/> 1 tab or <input type="checkbox"/> 2 tabs po every 4 hrs PRN for pain score of 8 - 10	Severe Pain Management	
8. <input type="checkbox"/> Tylenol #3: <input type="checkbox"/> 1 tab or <input type="checkbox"/> 2 tabs po every 3-4 hrs PRN for pain score of 4 - 7	Moderate Pain Management	
9. <input type="checkbox"/> Motrin 800mg: 1 tab po every 6 - 8 hrs PRN for pain score of 4 - 7	Moderate Pain Management	
10. <input type="checkbox"/> Motrin 600mg: 1 tab po every 6 hrs PRN for pain score of 1 - 3	Mild Pain Management	
11. <input type="checkbox"/> Dulcolax suppository per rectum PRN	No flatus after 24 hours	
12. <input type="checkbox"/> Mylicon 80mg: 2 tabs po every 8 hrs PRN	Gas Pains	
13. <input type="checkbox"/> Rubella Vaccine: 1 vial subcutaneous prior to discharge	Immunization	
<b>FAXED BY/TIME:</b> (Military Time)	<b>TIME NOTED:</b> (Military Time)	<b>NURSE'S Signature / Title:</b>
		<b>MD's Signature:</b>
		<b>Date:</b>
		<b>Time:</b>

**PART OF THE MEDICAL RECORD**