

Your  
Hospital's  
Logo  
Here

# 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 (✓)<br>Each<br>Order As<br>Transcribed | <b>GENERAL ORDERS</b>  |                                |
|                        |  | <b>DATE:</b>   | <b>TIME:</b> ( Military Time ) |
|                        |  | <b>S/P VAGINAL DELIVERY Physicians Orders</b>                                  |                                |
|                        |  | Condition:   |                                |
|                        |  | Recovery per Nursing Protocol; then transfer P.P care when stable              |                                |
|                        |  | Pitocin 20 units in existing IV after delivery of placenta                     |                                |
|                        |  | Regular diet   |                                |
|                        |  | Ambulation when tolerated - ( flat for 12 hrs after spinal anesthesia )        |                                |
|                        |  | Rhogam: <input type="checkbox"/> Yes <input type="checkbox"/> No               |                                |
|                        |  | Straight cath every 8 - 12 hours pp for distention x 1 PRN                     |                                |
|                        |  | D/C IV with firm fundus, normal bleeding, adequate hydration                   |                                |
|                        |  | Ice Pack PRN for Episiotomy Care   |                                |
|                        |  | Chest X-Ray PA & Lat: <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
|                        |  |  |                                |

| Allergy               | MEDICATIONS  |  |                        |
|-----------------------|--|--|------------------------|
|                       | <b>ALL MEDICATIONS:</b>  | <b>RATIONALE:</b>                              |                        |
|                       | <b>ONLY 1 NARCOTIC CHECKED AT A TIME</b>   |  |                        |
| 1.                    | <input type="checkbox"/> PCA   | Pain Management - ( see attached order sheet ) |                        |
| 2.                    | <input type="checkbox"/> Tylox: <input type="checkbox"/> 1 tab or <input type="checkbox"/> 2 tabs po every 4 hrs PRN <b>for pain score of 8 - 10</b>       | Severe Pain Management                         |                        |
| 3.                    | <input type="checkbox"/> Percodan: <input type="checkbox"/> 1 tab or <input type="checkbox"/> 2 tabs po every 4 hrs PRN <b>for pain score of 8 - 10</b>    | Severe Pain Management                         |                        |
| 4.                    | <input type="checkbox"/> Tylenol #3: <input type="checkbox"/> 1 tab or <input type="checkbox"/> 2 tabs po every 3-4 hrs PRN <b>for pain score of 4 - 7</b> | Moderate Pain Management                       |                        |
| 5.                    | <input type="checkbox"/> Motrin 800mg:    1 tab po every 6 - 8 hrs PRN <b>for pain score of 4 - 7</b>  | Moderate Pain Management                       |                        |
| 6.                    | <input type="checkbox"/> Motrin 600mg:    1 tab po every 6 hrs PRN <b>for pain score of 1 - 3</b>  | Mild Pain Management                           |                        |
| 7.                    | <input type="checkbox"/> Prenatal Vitamins:    1 tab po daily  | Nutritional Supplement                         |                        |
| 8.                    | <input type="checkbox"/> Ferrous Sulfate:    325mg po daily  | Nutritional Supplement                         |                        |
| 9.                    | <input type="checkbox"/> Ambien:    5mg po every HS PRN  | Promote Sleep                                  |                        |
| 10.                   | <input type="checkbox"/> Dermoplast Spray to perineum PRN  | Promote Episiotomy Comfort                     |                        |
| 11.                   | <input type="checkbox"/> Breast Cream PRN  | Promote Breast Comfort                         |                        |
| 12.                   | <input type="checkbox"/> Rubella Vaccine:    1 vial subcutaneous prior to discharge  | Immunization                                   |                        |
| <b>FAXED BY/TIME:</b> | <b>TIME NOTED:</b>   | <b>NURSE'S Signature / Title:</b>              | <b>MD's Signature:</b> |
| (Military Time)       | (Military Time)  |  |                        |
|                       |  |  | <b>Date:</b>           |
|                       |  |  | <b>Time:</b>           |

**PART OF THE MEDICAL RECORD**